

Mono Way Veterinary Hospital
14401 Mono Way, Sonora, CA 95370
209-532-5507

BOARDING FORM

CLIENT NAME: _____

PET'S NAME(S): _____

PHONE NUMBER(S) WHERE YOU MAY BE REACHED:

1. _____ 2. _____

ALTERNATE PERSON THAT MAY BE REACHED:

Name: _____ **Phone:** _____

Date of pick-up: _____

Your regular veterinarian, if not Mono Way Vet: _____

Your pet must be current on vaccinations to board.

Circle the following vaccinations that DOGS: DA2PP Rabies Bordetella Lepto
your pet is due for:

CATS: FVRCP Rabies FeLV

ITEMS THAT YOU ARE LEAVING WITH YOUR PET (include short description, color):

1. _____

2. _____

3. _____

4. _____

MEDICATIONS, IF ANY, TO BE GIVEN TO YOUR PET:

1. _____ 2. _____

3. _____ 4. _____

I, the undersigned owner or authorized agent of the above referenced animal, hereby authorize Mono Way Veterinary Hospital, its doctors and staff, to administer such treatment as is deemed necessary by the doctors while being boarded. I also consent to the administration of such anesthetics as necessary.

Signature: _____ **Date:** _____