



1000 E. Central Road
Arlington Heights, IL. 60005
847-670-8470 FAX 847-670-8602

Owner Name		Patient:		Sex:	
Secondary Contact Name		DOB:		Species:	
Phone:		Age:		Breed:	

Boarding Check-In Date:

Boarding Check Out Date:

When does pet eat? AM PM AM & PM Food provided? Yes No Amount & Type: _____

Pet is on medication(s) Yes No

Was medication(s) administered prior to check-in? Yes No

Medication name: _____ Dose: _____
Once daily: AM PM Twice daily Three times daily

Medication name: _____ Dose: _____
Once daily: AM PM Twice daily Three times daily

Would you like Vaccinations to be boosted while boarded. Yes No

If scheduled to receive a Rabies or a Distemper vaccine, please specify if would you prefer a 1 or 3 year vaccination.

Rabies 1 Year 3 Year Distemper: 1 Year 3 Year

Please, provide a copy of Vaccination Records if given at another provider.

Yes No Faxed from: _____

Name of Facility: _____ Phone: _____

	Due Date		Date Date		Date Due
Rabies		Distemper		Canine Influenza	
Bordetella		Intestinal parasite exam		Fecal Results	

All pets must be **current on vaccines**. Proof of vaccines must be provided or we must update your pet while here and there will be additional charges. **Dogs must be current on Rabies, Distemper, Bordetella, Lepto, Canine Influenza and a negative parasite exam. Cats must be current on Rabies, Distemper and a negative parasite exam.** For the safety of your pet(s) and our boarding population, an oral **Capstar** flea treatment will be given to your pet(s) upon arrival. Capstar will not conflict with any other form of flea preventative that your pet is on.

Bath before pick up? Yes No SML MED LRG MEDICATED

Additional services while here: _____

Publication of boarded image:

I give permission to March Animal Hospital to publish images that may be taken while my pet is boarded at this facility. I understand such images can be used for publication on the clinic owned website. I also understand any



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photographs, or videotaped images that may be taken during my pets stay, can be viewed by the general public, and are used solely for advertisement of our facility.

Please Initial: _____ Date: _____

We at March Animal Hospital treat every animal in our boarding facility as our own and take every precaution when it comes to their health and safety. We reserve the right to begin treatment immediately in the event of an emergency and will make every effort to contact the owner once the pet is stable. If a situation arises that is a concern, but not considered an emergency by the doctor, we will attempt to contact the owner before any treatment is provided.

I have read and agree to the terms and information in the boarding agreement.

Emergency contact number(s): _____

Alternative contact: _____ Alternative contact number: _____

Signature: _____ Date: _____