



BOARDING FORM

7:30am to 5:30pm, Mon.-Fri. | Sat. & Sun., pickup 4-6:00 pm | 573-471-6566

Pet's name: _____ Drop-off (date): _____ Pick-up (date): _____
Pet's Age: _____ Breed: _____ Spayed/Neutered?: _____

Owner's name: _____ Best Contact Phone Number: _____
Emergency Contact: _____ Emergency Contact Phone Number: _____

If there is an emergency, do you want us to treat and then call?

Yes, treat up to \$ _____ **No**, do not treat. Call first.

Does your pet play well with others? **Yes** **No**

Do you prefer only one-on-one playtime with The Corral teammates? **Yes** **No**

Both playtime with other pets and The Corral workers **Yes** **No**

MEDICATION INFORMATION:

Name of Medication: _____ Dosage Amount: _____

Any special instructions (how many times a day, etc?):

FEEDING INFORMATION:

Own food? **Yes** **No**

If **yes**, please list the type of food you're leaving with us and how often we should feed it to your pet.

No, use veterinary food from The Corral

Please list any treats, toys and blankets/bedding you are bringing with a description (color, etc.)

Please only bring 2 toys per pet: _____

Any veterinary services needed during your pet's stay? _____

Please list and/or ask The Corral team about our services.

Any special notes? _____

My signature ensures all of my pet's information, including recent vaccinations, are up-to-date, accurate and I hereby do not hold The Corral or Bootheel Animal Clinic responsible for any communicable diseases ("kennel cough," for example) or injuries that may be incurred while my pet is playing with other animals during his/her stay.

Print Name: _____ Signature: _____ Date: _____

You must be 18 years of age or older before filling out this document. The person/s on this form is responsible for all payments. The person on this document must be the one filling out the information.

Bootheel Animal Clinic
Loni Patke, DVM
Brian K. Heuring, DVM
Alexandra Brown DVM
Jeff Lawrence, DVM
2166 N Main St.
Sikeston, MO 63801
573-471-6566

New Client Information

Owner's Information: *Required*

*Name: _____ Spouse Name: _____
*Home Address: _____
Mailing Address or Po Box: _____
*City: _____ *State: _____ *Zip Code: _____
*Home Phone: _____ * Cell Phone: _____
*Work Phone: _____ * Spouse's Cell Phone: _____
*Employer _____
*Employer Address: _____
Social Security # _____ / _____ / _____ E-Mail Address: _____
*DL # _____ *Date of Birth: _____

Preferred Contact Method

Phone / Cell Phone / Text / E-Mails

PAYMENT IS DUE AT TIME OF SERVICE

(A picture ID is required to write a check)

Pet Information:

Name: _____ Breed: _____
Age/DOB: _____ Color: _____ Sex: Male _____ Female _____
Spayed/Neutered: Yes _____ No _____ Declawed (Cats) Yes _____ No _____
Microchip # _____

Vaccinations:

Has your pet had any within the past year? (Check all that apply)

Canine

Rabies _____
Distemper/Parvo _____
Bordetella _____
Corona _____
Lymes _____
Heartworm Test _____
Fecal Exam _____

Feline

Rabies _____
Distemper _____
Leukemia _____
FIP _____
FIV _____
Fecal Exam _____
FIV/ Leukemia Test _____

Name of Clinic where they were given _____
Phone Number of Vet office _____

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Heartworm Prevention:

What brand of heartworm prevention does your dog take? (Circle One)

Trifexis / Advantage Multi / Heartgard / Proheart / Revolution / Other _____

Medical History:

Please list any other medical complications and/or medications your pet/s have had that we should be aware of:

How did you find out about us? (circle one)

Yellow Pages / Newspaper / Internet / FB / Google / Referral / Other

If referred by someone please let us know who: _____

I authorize Cape Small Animal Clinic, Inc. to use photos of me and/or my pet/s with our without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

Signature: _____

Verify E-Mail: _____

We do not recognize vaccinations not given by a licensed DVM

I authorize treatment and/or service for any animal I bring in; and agree to pay all fees and charges for such treatment. I agree to pay ALL charges for my pet shown by statement, promptly upon presentment thereof. Charges shown by statement are agreed to be correct and responsible unless protested in writing within 30 days. All fees are due at the time of service. However, in the event collection or legal action should be necessary to collect an unpaid balance due to medical service rendered for my pet/s, I agree to pay the collection and reasonable attorney's fee or other such cost as the courts determine proper.

Notice: Do not sign this agreement before you read and agree to the conditions listed above. You are entitled to a copy of the agreement at the time that you sign. Keep it to protect your legal rights. You must ask for a copy.

*Date: _____

*Signature of responsible party: _____

(Must be at least 18 years of age)