

Sequoia Veterinary Hospital, Inc.

Medical Boarding Drop Off Form

| | |
|------------------|--------------------------|
| PETS NAME | ALERT INFORMATION |
|------------------|--------------------------|

| | | |
|---------------------------------------|--|--|
| DATES from: _____ to: _____ | Primary Contact Name Secondary Contact Name | Phone Number Phone Number |
|---------------------------------------|--|--|

Has your pet eaten today? yes no How Much? _____
When? _____

Feeding Schedule: Diet: _____
Amount: _____ How Often: _____

Has your pet had any medications today? yes no What Kind? _____
When? _____

Medication Schedule: Type: _____
Amount: _____ How Often: _____
Type: _____
Amount: _____ How Often: _____
Type: _____
Amount: _____ How Often: _____

Any personal belongings? (circle one) yes no
List: _____

Any additional information for the doctor:

If the doctor believes a test or procedure (not previously planned or discussed) is in my pet's interest:

(check one)

_____ I authorize the doctor to proceed.

_____ I prefer to be called. However, if I cannot be reached, I authorize the doctor to proceed.

_____ I do not authorize any additional procedures or tests unless I can be reached and give my approval.

Signature _____