

EAST POPLARVILLE VETERINARY CLINIC, P.A.
859 HWY 26 EAST POPLARVILLE, MISSISSIPPI 39470
(601) 795-4393

BOARDING AUTHORIZATION

ADMIT DATE: _____

PICK-UP DATE: _____

OWNER OR AGENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IN CASE OF AN EMERGENCY, HOW CAN YOU BE REACHED? _____

LOCAL EMERGENCY CONTACT _____ PHONE# _____

PET #1 NAME _____ SPECIES _____ BREED _____ COLOR _____
AGE _____ FEMALE _____ SPAYED _____ MALE _____ NEUTERED _____ WEIGHT _____

PET #2 NAME _____ SPECIES _____ BREED _____ COLOR _____
AGE _____ FEMALE _____ SPAYED _____ MALE _____ NEUTERED _____ WEIGHT _____

PET #3 NAME _____ SPECIES _____ BREED _____ COLOR _____
AGE _____ FEMALE _____ SPAYED _____ MALE _____ NEUTERED _____ WEIGHT _____

***Our boarding policy requires that all pets are to be current on vaccinations. These vaccinations include - DOGS: DA2PL4+P, Kennel Cough, and Rabies. CATS: FVRCP, Feline Leukemia, and Rabies. Vaccinations must have been administered by a veterinarian. If your pet(s) vaccinations were administered by another veterinarian, we need to have a copy of the record or proof of vaccinations for our records. For the safety and health of your pet, no exceptions will be made. Upon arrival your pet will be given a Capstar tablet for immediate flea removal. If your pet is not on a regular flea treatment program, a topical will be administered if we feel this is necessary for the protection of your pet and others.

IS YOUR PET(S) ON HEARTWORM PREVENTATIVE? ____ YES ____ NO

DESIRED TREATMENT(S) WHILE BOARDING (Extra Charges Apply):

____ VACCINATIONS	____ PHYSICAL EXAM	____ INTESTINAL PARASITE EXAM
____ HEARTWORM TEST	____ EAR EXAM	____ NAIL TRIM
____ HEARTWORM PREVENTATIVE	____ FELINE LEUKEMIA/FIV TEST	____ BATH & FLEA TREATMENT
____ DENTAL PROPHYLAXIS (Requires Anesthesia)	____ NEUTER OR HYSTERECTOMY (Requires Anesthesia)	____ BATH ONLY

SPECIAL DIET: _____

MEDICATIONS TO BE ADMINISTERED: _____

SPECIAL INSTRUCTIONS: _____

ITEMS LEFT WITH MY PETS: _____

Reasonable precaution will be used against injury, escape, or death of your pet(s). The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet(s) will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. It is thoroughly understood that I assume all risks.

Owner or Responsible Party