



MADGE M. SMITH, D.V.M.

SMITH VETERINARY HOSPITAL

318 E. Main St.
Berne, Indiana 46711
Phone 260-589-2460 Fax 260-589-2087



LARRY J. SMITH, D.V.M.

BOARDING CHECK IN

Arrival Date: _____ Date Going Home: _____

Owner: _____
Phone Number where you can be reached: _____

Name of Pet we're boarding today: _____ Canine ___ Feline ___

Additional Pet: _____ Canine ___ Feline ___

Cage Size: Please circle: Small (2x 2 1/2') Large (3x 2 1/2') Run (4x8')

Are Vaccinations Current? _____ Where were they done? _____

Medications to be given while here: _____
Times _____ Refills Needed _____

Feeding Instructions: Own food _____ Our food _____
How Much _____ How often _____

Belongings brought In: _____

Services Requested While Boarding: Please circle all that apply:
Daily Walks: \$3.50 Bath: \$14-18.00 Nail trim: \$10.60 Microchip Placement: \$39.99

Special Needs While Here: _____

We are a "Flea Free Facility". Should we find live fleas on your pet when it arrives, it will be treated for fleas at an additional cost to the client.

As owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. Should injury or circumstance warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment, but will exercise the option to proceed if no one can be contacted.

I further understand that I am financially responsible for the boarding and treatment of my pet/pets and will pay in full at the time of dismissal.

Signature _____ Date _____