

**ARKLE Veterinary Care, LLC**  
1020 Concord Road, Smyrna, GA 30080  
770-435-6700 Fax 770-434-4863

**BOARDING FORM**

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_  
Boarding from \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Approx. Time for PU: \_\_\_am / pm

**Special Instructions:**

\_\_\_ See medication form      \_\_\_ No medications/treatments needed during boarding

Feeding: \_\_\_\_\_ times a day. Feed (how much each meal) \_\_\_\_\_ canned \_\_\_\_\_ dry

Other instructions \_\_\_\_\_

Items brought with pet: Leash Collar Bed Toys Food Other \_\_\_\_\_

**For the protection of your pet and others:**

1. All dogs must have veterinary proof of current vaccinations for Distemper, Parvovirus (DHP-P), Rabies and Bordetella (Kennel Cough). This proof must show both the date each vaccine was administered, and when it will be due again.
2. All cats must have veterinary proof of current vaccinations for Feline Distemper, Panleukopenia (FVRCP) and Rabies. This proof must show both the date each vaccine was administered, and when it will be due again.
3. We reserve the right to treat any pet brought in dirty or with visible flea(s) or tick(s). We reserve the right to vaccinate any pet without proof of current vaccinations from an animal hospital. Any costs incurred by these treatments are the responsibility of the owner/agent of the pet.
4. As owner/agent for this pet I give my permission for the doctor on duty to begin necessary treatments in the event my pet becomes ill. I understand that I will be financially responsible for this emergency treatment. I understand that every reasonable effort will be made to contact me or my agent (emergency contact listed below) prior to surgical/medical treatments for my pet that have not been pre-authorized by me or my agent.
5. If estimated costs of treatment exceed \$\_\_\_\_\_ I refuse treatment for my pet without consent of me or my designated emergency contact person.
6. All pets that receive medications while boarding will be charged a medication administration fee.

Emergency Contact(s):(Phone number & name) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand this form.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date