

Night Owl Bird Hospital
1956 West Broadway
Vancouver, B.C V6J 1Z2

BOARDING INTAKE FORM

First Name: _____ Last Name: _____

Pet's Name: _____ Breed: _____ Age: _____ Sex: _____

Boarding Drop off Date: _____ Pick up Date: _____

Regular Diet: _____

Special Foods/ Water: _____

All/Previous Medical Concerns: _____

Detailed List of Personal Items Left: _____

Medications: Times Given/Amount Given:

1. _____ Directions _____ Last time given: _____

2. _____ Directions _____ Last time given: _____

3. _____ Directions _____ Last time given: _____

Last Medication(s) Given: _____ Time Given: _____

Services to be performed: _____

Additional Information: _____

As owner or agent, I authorize Night Owl Bird Hospital to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop while boarding provided that reasonable care and precautions are followed. If we are unable to reach you or a responsible party, I understand that any medical concerns will be treated as deemed best by staff veterinarians, and I assume full responsibility for the treatment expense involved.

Signed: _____ Date: _____

Best way to reach you: _____

Emergency Contact: _____