

334 Concord Street Framingham, MA 01702

Phone: 508-875-7086 Fax: 508-872-4263

## **BOARDING INTAKE FORM**

Please fill out this form <u>prior</u> to dropping off your pets for boarding. You can download this file, fill in the answers, save a copy and either email it back to us at reception@sladevet.com or print it out and fax it to 508-875-4263. Drop off and pick up times for boarding are Monday to Thursday 7am-7pm, Friday 8am-7pm, Saturday 8am-4pm, and Sunday 9am-1pm. PLEASE NOTE that if picked up after 1pm, you will be charged for an additional day.

BASIC INFORMATION	
Owner name	
Telephone	Email
Alternative contact information	
Pet's name	
Breed	
BOARDING INFORMATION	
Drop off date	Drop off time (approximate)
Pick up date	Pick up time (approximate)
Hill's Diet or Purina dry and wet diets as reco	(amount to be fed at each meal, how many times per day,
Is your pet on a flea preventative? Yes	No Name of product
	et, he or she will be treated immediately with an appropriate
Would you like your pet bathed during his o Yes, bath on day of pickup (pick up must	r her stay, for an additional charge? be after 2pm)
fee associated with medicated boarding stay	poarding?
1	
2.	

Please list any health concerns the staff needs to know about b	efore your pet	's stay.
Slade Veterinary Hospital, Inc. does not assume any responsibil including blankets, leashes, toys etc. Please do not bring persor – take comfort in knowing that we provide comfortable bedding	al belongings	when dropping off your pet
Pets must be current on required vaccinations according to hos and cats under 10 weeks of age cannot be boarded. Please brin with one of our veterinarians prior to boarding.		
Any animal needing veterinary attention be treated at Slade Ve Every attempt will be made to contact the owner prior to institu life threatening medical emergency.		•
I understand and acknowledge the above statements.	yes	□no
Signature	Date	