



MISSION VALLEY PET CLINIC

PET'S NAME: _____ AGE: _____

CLIENT NAME: _____

Check in date: _____ Check out date: _____

Primary Phone: _____ Secondary Phone: _____

Vaccines MUST be up to date, please call to schedule those if your pet is not current

Your pet MUST be up to date on flea prevention, if you are not current we will give 1 dose upon arrival to boarding.

Belongings:

- _____ - _____ - _____
- _____ - _____ - _____

Grooming? (Check the box of which you'd like done, if any)

() BATH () NAIL TRIM () ANAL GLAND EXPRESSION

-----*Done dates are employee use only*-----

Done Date: _____ Done Date: _____ Done Date: _____

Medications AND directions:

MEDICATION: _____ DOSE: _____ AM () PM ()

MEDICATOIN: _____ DOSE: _____ AM () PM ()

ANY ALERTS WE SHOULD KNOW?: _____

DIET: OWN / HOUSE QUANTITY- AM: _____ PM: _____

DATE	BM- 1: Normal 2: Soft 3: Diarrhea / Urination- 1: Normal 2: None / Attitude- 1: Content 2: Nervous 3: Aggressive									
	AM	%	PM	%	BM	URINATION	ATTITUDE	MED		WEIGHT
								AM	PM	
					/	/	/			
					/	/	/			
					/	/	/			
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If my pet becomes injured or ill, I authorize MVPC to provide treatment as medically necessary for the health and comfort of my pet. I also understand I will be financially responsible for all charges incurred during my pet's stay at MVPC and will pay for services upon my return. I am aware that MVPC does not have anyone on the premises during the times of 6:15pm-7:45am. Check out time is prior to 12:30, if checking out after 12:30pm, an extra boarding day charge will be added to my bill.

I have read this agreement and understand its terms, I agree and sign it freely.

x _____ Date: _____