

Account # \_\_\_\_\_  
3102 E. 7<sup>TH</sup> ST. STE 300  
JOPLIN, MO 64801

# PAWS VETERINARY CLINIC

417.626.2828  
[WWW.PAWSV.COM](http://WWW.PAWSV.COM)

## BOARDING PERMISSION FORM

Pet's Name: \_\_\_\_\_ Client's Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

**CHECK OUT TIME IS AT 12PM. ADDITIONAL CHARGES WILL APPLY IF PICKED UP AFTER 12PM** \_\_\_\_\_ (client initial)

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Belongings: \_\_\_\_\_

Weight: \_\_\_\_\_ Location: \_\_\_\_\_ Staff Member Checking In: \_\_\_\_\_

### WE WILL ACCEPT NO RESPONSIBILITY FOR LOST OR DAMAGED ARTICLES

All vaccines must be current, with proof of vaccination from a verifiable source (veterinarian, clinic, etc.), or we will administer needed vaccinations upon admission into our boarding facility. Dogs are required to have rabies, parvo distemper, and bordatella injection vaccinations within the last year, nasal bordatella within the last 6 months. Cats are required to have rabies and feline distemper vaccinations within the last year. Dogs and cats are also required to have a negative fecal test within the last 6 months.

All vaccinations will be given after a healthy animal physical examination is performed by one of our staff veterinarians.

(Charges will apply)

#### Services/Vaccines are good until:

Examination: \_\_\_\_\_  
DA2PP: \_\_\_\_\_  
DHLPP: \_\_\_\_\_  
Rabies: \_\_\_\_\_  
Bordatella inj: \_\_\_\_\_  
Nasal Bordatella: \_\_\_\_\_  
FELV: \_\_\_\_\_  
FVRCP: \_\_\_\_\_  
Fecal: \_\_\_\_\_  
HWT: \_\_\_\_\_  
HWP: \_\_\_\_\_

#### Services/Vaccinations needing updated (circle):

Examination / Brief Exam  
DA2PP  
DHLPP  
Rabies  
Bordatella Inj.  
Nasal Bordatella  
FELV  
FVRCP  
Fecal  
HWT  
HWP

Have been verified current by: \_\_\_\_\_

Patient Warning/Special Care: \_\_\_\_\_

**This is a flea/tick free facility. The staff will check your pet at check-in. If found, your pet will be treated at your expense.**

Is your pet currently on flea/tick prevention NO \_\_\_\_\_ YES \_\_\_\_\_ Date of last dose \_\_\_\_\_ Checked for fleas by \_\_\_\_\_  
(Name of Product) (Staff Member)

**Our facility feeds Science Diet (Sensitive) to all pets during their stay at no additional charge. If your pet is on a prescription diet or any other diet, it is recommended that you bring it in with them or it can be dispensed at regular price.**

Please circle if diet is Own or Clinic/Adult or Puppy how much: \_\_\_\_\_ if needed add canned food (i/d low fat) yes or no

Circle how often: Once daily AM PM twice daily three times daily has your pet eaten today? YES or NO

Will your pet be on any medications while here? YES NO If yes please list below:

Medication	Instructions	How often		
Has your pet had their meds today?	YES	AM	PM	NO

Please indicate any additional services you would like your pet to receive while staying with us (at additional cost):

Full-Service Grooming (mm/dd) \_\_\_\_\_  Bath & More (mm/dd): \_\_\_\_\_  Nail Trim  Daily Brushing  Examination  FeLV/FIV/HWT  
 Give Heartworm Prevention (Heartgard/Trifexis)  Apply Flea/Tick Prevention (Nexgard/Frontline/Revolution)  Microchip

By signing below as the owner or authorized guardian of this animal, I give permission to Paws Veterinary Clinic to receive, treat, prescribe, or otherwise care for the animal(s) listed above as deemed necessary. I agree to pay for reasonable but necessary care. In the event of an emergency, I authorize Paws Veterinary Clinic to treat or obtain treatment for my animal and agree to pay all reasonable and necessary charges incurred. I also recognize that attempts to contact me will be made at the above emergency contact number. I assume all responsibilities and will pay for any damages that my pet(s) does to the facility or property of Paws Veterinary Clinic, Inc. Payment is expected in full at the time of your pet's discharge. We do accept personal checks; returned checks will be assessed a \$25 return fee.

SIGNATURE OF OWNER/AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for choosing to board with us, if you notice any changes in your pet or have any concerns after boarding, please contact the clinic.