

# Animal Hospital of Mt. Pocono

570-839-8116

## Boarding Reservation Form

Please complete and present this form at the time of boarding arrival.

Your name: \_\_\_\_\_

Your pet(s) name: \_\_\_\_\_

Dates of boarding needed: From: \_\_\_\_\_ to: \_\_\_\_\_

Dog: \_\_\_\_\_ Age and approximate wt: \_\_\_\_\_ yrs \_\_\_\_\_ lbs  
Cat: \_\_\_\_\_ Age and approximate wt: \_\_\_\_\_ yrs \_\_\_\_\_ lbs  
\_\_\_\_\_ yrs \_\_\_\_\_ lbs \_\_\_\_\_ yrs \_\_\_\_\_ lbs

Other type of pet: \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_\_) \_\_\_\_\_

Where you will be staying while way? \_\_\_\_\_

Phone # there (\_\_\_\_\_) \_\_\_\_\_ Best way to reach you there? \_\_\_\_\_

Emergency Contact #:(\_\_\_\_\_) \_\_\_\_\_

Any special needs or health considerations for your pet? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list: \_\_\_\_\_

Does your pet require any special handling? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

I would like my pet to receive upgraded boarding care: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Tell me more

I would like my pet to receive a discounted bath before returning home: \_\_\_\_\_ Yes \_\_\_\_\_ No

Any service requested while boarding? \_\_\_\_\_ Nail trim \_\_\_\_\_ Matts removed

\_\_\_\_\_ Dr. to check: \_\_\_\_\_

\_\_\_\_\_ Teeth cleaning \_\_\_\_\_ Stool check for worms \_\_\_\_\_ Heartworm test

\_\_\_\_\_ Other \_\_\_\_\_

Any products needed when you pick up your pet? \_\_\_\_\_ Food \_\_\_\_\_ Supplement

\_\_\_\_\_ Flea and tick control \_\_\_\_\_ Heartworm medication \_\_\_\_\_ Medication

\_\_\_\_\_ Other \_\_\_\_\_