



CLAYTON ANIMAL HOSPITAL

Boarding Registration Information

CLIENT INFORMATION:

Last Name

First Name

Contact Phone Number (give at least two)

Contact Phone Number (give at least two)

Additional Contact Phone Number

Additional Contact Phone Number

PET INFORMATION:

Pet's Name

Breed

Sex

Birthday

Color

Allergies

Patient #

Date In

Date Out

Food

Feeding Instructions. Unless otherwise stated CAH will feed Hills' Science Diet twice daily.

Additional Services

Paws Unleashed Playtime. (\$5.00 for 15 minutes of one on one time with a staff member.)

Medications:

Name of Medication	Dose Given	Frequency	Time Last Given

Boarding Release:

I understand that in the event of my pet's illness, the staff at Clayton Animal Hospital will immediately attempt to contact me to discuss the problem and treatment options. If unable to contact me immediately, I authorize Clayton Animal Hospital to initiate appropriate treatment until I can be reached.

Signature of Responsible Agent

Date

11058 US 70 Bus. Hwy. West, Clayton, NC 27520  Office: 919-553-4601  Fax: 919-553-5896

www.claytonanimalhospital.com