Forest Trails Animal Hospital

6528 E. 101st Street, Tulsa, Oklahoma 74133 (918) 299-8448 (918) 299-3933 (fax)

Paul L. Welch, DVM / Lisa K. Munson, DVM / Michael A. Rhodes, DVM / Kerry J. Jones, DVM / Michelle Smith, DVM

Boarding Admission Form

Owner	Date
Pet's Name	_
Breed	Sex: $\Box M \Box F$
Weight	
Date In Date Out _	
□ Hospital provides food: □dry □can avail.	ned Eats: □ once/day □ twice/day □ food always
□ Owner brought dog's own food	
	ake your pet comfortable. We are happy to provide items hat you brought them so as not to be forgotten.)
Medications (drug/dose/frequency) _	
C 1	ng on the frequency of the medications (not per 2.10/day if twice daily, and \$2.70/day if 3 times daily
Other instructions	
*Vaccines must be current for boarding	g (Rabies, Distemper, Parvovirus, and Bordetella).
*All animals with fleas or ticks will be the other pets.	treated (at owner's expense) for the safety and health of
for other pets coming in. A half day bo	neck out time is noon (12:00 pm) in order to make room arding will be charged for pets going home after noon. can be picked up on Sunday between 4:30-5:00pm; if staying until Monday morning.
Owner's initials(hosp	Emergency number/contact
Cat / Dog (1-20#) (21-40#) (41-90#) (>90	#) / Avian (Sm) (Med) (Lg) (XLg) / R/F / PP / RLg RSm
Medications to be given: SID BID TID	QID
Avian diet: □ seed □ pellets (type)	□ Wing clip □ Pedicure □ Exam
While boarding: □ Exam □ Vaccin	ations \square Bath \square Nail Trim \square Other?
Other information:	Client # FTAH Init Created using easyPDF Printer Click here to purchase a license to remove this image