

Animal Medical Center
855 E. Peckham Lane
Reno, NV 89502
Phone 775.827.3033

Reno Hospital for Cats
865 E. Peckham Lane
Reno, NV 89502
Phone 775.827.5289

Boarding Form

Owner: _____ Arrival Date: _____

Animal: _____ Discharge Date: _____

EMERGENCY CONTACT NUMBER

Diet: () Own Amount 1x / 2x / 3x Daily

() AMC Amount 1x / 2x / 3x Daily

Medication: () Provided by Owner () Needs refill AMC
Name of RX / mg Give 1x/2x/3x Day

Name of RX / mg Give 1x/2x/3x Day

Belongings: _____

For Office Use Only

Vaccination Records <i>Proof of vaccination history is required. If Animal Medical Center DID NOT vaccinate your pet please provide the veterinary clinic phone number or a copy of records. Clinic Phone Number _____ .If vaccinations are not current I authorize Animal Medical Center to give any vaccines needed. Initials _____</i>			
CANINE	DA2PP due _____	FELINE	FVRCP due _____
	Rabies due _____		Rabies due _____
	KC/B due _____		FELV due _____

A boarding exam is performed on all animals while boarding here. If you would like any additional services please note below and discuss with a staff member.

ADDITIONAL SERVICES REQUESTED:

Medical Illness Policy

If your pet becomes ill while under our care, we will contact the ER phone number listed above regarding medical condition, treatment options and estimated cost. Please note that this is not a 24 hour hospital. If your animal becomes seriously ill or in critical condition after our office hours (between 6pm and 7am or Saturday/Sunday) your pet will be transferred to Animal Emergency Clinic at the expense of the above owner.

If your pet goes into Cardiac Arrest, do you wish us to administer CPR?

Yes _____ No _____ Initials _____

() I authorize whatever medical care a doctor redeems necessary until contacted

() I authorize up to \$100 _____ \$250 _____ Other \$ Amount _____

() DO NOT administer any medical treatment until owner authorization is given

Signature of Owner: _____ Date: _____