

**Park City Veterinary Clinic**  
**BOARDING REGISTRATION FORM**

\*Pet(s) must be current on vaccinations or they will be given at the owner's expense.

***Boarding Reservation Dates***

from \_\_\_\_\_ to \_\_\_\_\_

Client Name: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_

Client Contact Number(s): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Phone(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Toys or Personal Belongings: \_\_\_\_\_

Special Needs (i.e. diet or medications): \_\_\_\_\_

**ADDITIONAL OPTIONAL SERVICES** (additional charges will be applied)

\_\_\_\_ Physical Exam by Veterinarian

List details of concern: \_\_\_\_\_

Vaccinations: \_\_\_\_ Rabies \_\_\_\_ DHLP Parvo \_\_\_\_ Bordetella \_\_\_\_ FVR CP \_\_\_\_ Feline Leukemia

\_\_\_\_ Canine Heartworm Test

\_\_\_\_ Express Anal Glands

\_\_\_\_ Flea & Tick Bath

\_\_\_\_ Nail Trim

\_\_\_\_ Feline Leukemia & FIV Test

\_\_\_\_ Fecal

\_\_\_\_ Microchip Identification

**PERMISSION TO TREAT**

Should my pet(s) become ill, a PCVC veterinarian may provide treatment deemed necessary by the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the PCVC staff may not be able to contact me immediately. I therefore authorize initiation of appropriate treatment until I can be reached. I understand that I assume financial responsibility for all services rendered and agree to pay all charges (including boarding costs) upon release of pet from the clinic.

\_\_\_\_\_ I have read and fully understand this boarding registration form.

\_\_\_\_\_ In the event of an emergency situation, I authorize PCVC to do whatever is deemed medically necessary to treat my pet.

\_\_\_\_\_  
Client Signature (or responsible party)

\_\_\_\_\_  
Date