

PET MEDICAL CENTER of Duncanville



DROP OFF DATE: _____ PICK UP DATE: _____

Client Information:

OWNER / GUARDIAN: _____

ADDRESS: _____

CITY/PROV/POSTAL CODE: _____

PHONE: (Home) _____ PHONE: (Cell) _____

PHONE: (Other) _____ EMAIL: _____

Emergency Contact Information:

NAME: _____

PHONE NUMBERS: _____

If he/she gets sick while boarding do you want us to treat or call you first? _____

In the event that your pet becomes ill or gets injured, every effort will be made to contact the above emergency contact person for instructions regarding extent of care. If veterinary care is deemed advisable, owner will have the vet fees added to their invoice.

Pet Information:

NAME: _____ FELINE, CANINE, OTHER _____ BREED: _____

SEX: MALE ___ FEMALE ___ SPAYED/NEUTERED: YES ___ NO ___ AGE: _____

COLOR & MARKINGS: _____

CURRENT VET: _____

VACCINATIONS: CANINE INFLUENZA _____ RABIES _____ DHPPV _____
BORDETELLA _____

HEALTH PROBLEMS\ALLERGIES\RECENT SURGERY: _____

MEDICATIONS/SUPPLEMENTS: _____

FEEDING INSTRUCTIONS: _____

ITEMS BROUGHT: BEDDING: _____ TOYS: _____ LEASH ___ COLLAR: _____

BOARDING RATE: Single \$_____/day Double (sharing) \$_____/day Treats : _____ (\$0._____/day)

Payment by check, credit card or cash: _____

720 West Center Street, Duncanville, TX 75116 - Phone: 972-298-4993 - Fax: 972-296-8286