

## BOARDING

Celebration Veterinary Hospital  
49 Blake Blvd.  
Celebration, FL 34747  
407-566-8292

Owner: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_

Patient: \_\_\_\_\_ Drop-off Date: \_\_\_\_\_ AM PM  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Pick-Up Date: \_\_\_\_\_ AM PM  
Age: \_\_\_\_\_  
Color: \_\_\_\_\_

### EMERGENCY CONTACT NAME AND NUMBER

\_\_\_\_\_

Description of items: \_\_\_\_\_

(All washable items will be laundered and returned in the condition they were dropped off)

Medications: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

### MEDICAL HISTORY

My pet is current on:

#### FOR DOGS ONLY:

Bordetella Vaccine: Y N

Rabies Vaccine: Y N

Distemper/Parvo: Y N

**FOR CATS ONLY:**

Rabies: Y N

FELV Vaccine: Y N

AND/OR

My cat has tested negative for FIV in the past year. Y N

If client has answered 'no' to any of the above questions, said vaccines will be administered by Celebration Veterinary Hospital.

Relevant Medical History: (for example) seizures, allergies, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Every patient shall receive an appropriate dose of capstar, an acute flea treatment while in our care.

If you have not provided food for your pet, food will be administered by this hospital at a rate of \$4.00 per day.

\_\_\_\_\_ I authorize Celebration Veterinary Hospital to perform, any medical treatment deemed necessary for the treatment of my pet, and will tender payment for said services. I do hereby certify that I am the owner (duly authorized agent for the owner) of the pet described above, that I do hereby release any liability from Efreem Hunter, DVM, his agents, servants, and/or representatives

Signed  
\_\_\_\_\_