

**Boarding Information Data**

Boarding From: \_\_\_\_\_ Boarding To: \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Pet(s):** \_\_\_\_\_

**Emergency Contact Number(s):** \_\_\_\_\_

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Recommended Diet: \_\_\_\_\_

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

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Owner's Belongings and Description\*\*:

Food/Treats: \_\_\_\_\_

Bowls/Dishes: \_\_\_\_\_

Blankets/Towels: \_\_\_\_\_

Cages/Carriers: \_\_\_\_\_

Miscellaneous (i.e. toys): \_\_\_\_\_

\*\* West Esplanade Veterinary Clinic **is not responsible** for items left over 30 days \*\*

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In the event that my pet(s) should become ill while boarding and I cannot be reached, I hereby authorize the veterinarians of West Esplanade Veterinary Clinic to administer treatment or therapy. I understand that I will be financially responsible for all laboratory and treatment charges in addition to the boarding fees.

Client: X \_\_\_\_\_ Date: \_\_\_\_\_

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**In case of a natural or man-made disaster (hurricane, flood, tornado, fire, ect.), the person(s) listed below are authorized to pick up my pet(s).**

1. \_\_\_\_\_ Phone #: \_\_\_\_\_
2. \_\_\_\_\_ Phone #: \_\_\_\_\_