

**YALESVILLE VETERINARY HOSPITAL  
322 CHURCH STREET  
YALESVILLE, CT 06492**

**MEDICAL BOARDING DROP-OFF FORM**

**CLIENT NAME:** \_\_\_\_\_ **ACCOUNT#** \_\_\_\_\_

**PET NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

Would you like us to text you? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE #:** \_\_\_\_\_

**DIET:** \_\_\_\_\_

Did you bring your own food? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**SPECIAL FEEDING INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

\_\_\_\_\_

**SPECIAL TREATMENTS:** \_\_\_\_\_

\_\_\_\_\_

**PERSONAL ITEMS:** \_\_\_\_\_

Items brought in with your pet (please circle):    **COLLAR**    **LEASH**    **CARRIER**

Description: \_\_\_\_\_

**DATE TO GO HOME:** \_\_\_\_\_ **WHO WILL PICK-UP?** \_\_\_\_\_

Permission to treat in case of emergency (if unable to reach contact person)?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**I, the undersigned, have read and fully understand the above information and procedures.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**Please remember that you are always welcome to call us for updates regarding your pet!!**