



ANIMAL MEDICAL CLINIC

Boarding Registration

4020 South Babcock Street
Melbourne, FL 32901
Animal-Medical-Clinic.com

Owner: _____

Pet's Name: _____

How can we reach someone in case of an emergency?

Phone Call

OK to Text?

Phone Number: _____

E-mail

E-mail Address: _____

Food type and feeding schedule:

Are you bringing your own food?

Yes No

Any food allergies?

Yes No

Does your pet require any regular medication while boarding?

Yes No

If yes, list medication and schedule:

We do not accept any personal items other than food and medication.

Does your pet need any services other than boarding during his/her stay? Please describe:

Planned pickup day _____ Time _____ AM/PM. Give best guess if not sure _____

Do you want your pet to have a bath before it goes home (extra charges apply)?

Yes No

Any special instructions?

Do we have permission to use photos taken of your pet, while boarding, on line?

Yes No

In the event of an emergency medical condition, I hereby authorize the doctors and staff of Animal Medical Clinic to administer, at my expense, any medication, tests, anesthetics or surgical procedures that the doctor deems necessary for the health, safety or well being of my pet. I understand that at times, my pet will be left in the building without supervision.