



1050 N Main St, Holly Springs, NC 27540
Phone: (919) 567-1775 | Fax: (919) 567-1066 | www.hollyspringsvet.com

Boarding Reservation

Pet's Name: _____

Dates boarding, from: _____ to _____
Date Date

Please list any medications that your pet is currently taking and the schedule of administration. We will be happy to administer these medications to your pet while your pet is boarding.

Medication	Directions

For your convenience, we provide Science Diet Sensitive Stomach diet for all dogs and cats boarding at our facility unless otherwise instructed. We will be happy to feed a different food that you provide if you request. In such case, please include below the name of the food and specific feeding instructions.

Food/Treats	Directions

Has your pet been fed today? YES - AM YES - PM NO

Describe your pet's belongings: _____

To ensure the safety of your pet and to prevent spread of disease, it is required that all pets, while boarding, be current on all vaccinations and intestinal parasite screening. If my pet is not current, I understand that these procedures will be performed.

Initial

Please bathe my pet before going home (additional charge applies). _____
Initial

I authorize Holly Springs Veterinary Hospital to walk my dog(s) outdoors. _____
Initial

Is it OK for our staff to give your pet(s) treats during their stay? YES NO
(Not recommended for patients who have underlying food hypersensitivities)

In the unforeseen event of an emergency, I authorize Holly Springs Veterinary Hospital to provide treatment, in the doctor's professional judgement, as necessary to safeguard the life and health of my pet.

Email Address

Signature

Date

Printed Name

Telephone # where I can be reached