



# Canine Boarding Information



**AMBASSADOR**  
ANIMAL + HOSPITAL

715 Wade Hampton Blvd  
Greenville, South Carolina 29609  
(864) 271-1112

## Feeding Information

Type of Food: \_\_\_\_\_ Quantity: \_\_\_\_\_ Cups

How many times a day: \_\_\_\_\_

Special instructions for feeding: \_\_\_\_\_

## Current Medications

Name:	Quantity:	Times per day:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special instructions for medication: \_\_\_\_\_

Items brought from home: \_\_\_\_\_

I, the undersigned owner or authorized custodian of the above patient, authorize the veterinarian and staff of Ambassador Animal Hospital to administer treatment or medical procedures necessary for the health of my pet. I assume all financial responsibilities for all charges accrued, and agree to pay all charges at the time of release. I also understand that Ambassador Animal Hospital is NOT fully staffed 24 hours a day.

Signature of Owner/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_