



AMBASSADOR
ANIMAL + HOSPITAL

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

Feline Boarding Form

Pet's Name: _____ Owners Name: _____

Breed: _____ Owner's Phone #: _____

Dates of Arrival: _____ Date of Departure: _____



Documentation of vaccinations must be provided at time of stay.

Is your pet current on their Rabies Vaccination? Y N Date last received: _____

Is your pet current on their Leukemia Vaccination? Y N Date last received: _____

Date of last fecal (intestinal parasite float): _____

Feline must be current on flea medication. If fleas are present during stay, flea medication will be administered with cost to the owner.

Date last given flea and tick medication: _____

Our office can provide care as needed during stay.

*This includes Annual Exams, Vaccinations, Fecals, Heartworm Testing and applying Flea medication.

Baths and Grooms can be scheduled at time of boarding.

Bath: Y N

Groom: Y N

Not this stay



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Feline Boarding Information

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: _____