



2400 Bethany Rd. Sycamore, IL 60178

Phone: 815-756-8925

www.BethanyVet.com

Day Board Admissions Form

Owner Name: _____ Phone #: _____

Pet Name: _____ Species: _____ Breed: _____

Age: _____ Sex: _____ Neutered/Spayed: _____

Diet - Does your pet need to be fed today? Yes No

Provide own food Hospital Food (Science Diet Sensitive Stomach)

Amount per feeding (i.e. .5 cup, 1 cup) _____

AM

Noon

PM

When is your pet due for his/her next meal?

AM

Noon

PM

Does your pet have any allergies to food or treats? Yes No

Belongings (Type, Quantity, and Description)

Emergency Contact: Name _____ Phone _____

I give permission to Bethany Animal Hospital to walk my pet(s) off leash in the fenced in backyard (This only applies to dogs) Yes No

Would you like any additional services for your pet? (Services are in addition to boarding fee)

Bath (includes ear wipe out.) Yes No

Price range for baths are at staff discretion (\$20.00 Min \$60.00 Max ~depending on animal size and coat length)

Anal Gland Expression \$29.00 Yes No **Nail Trim** \$22.50 Yes No

Tooth Brushing Yes No

I (owner) read through the above information and confirm that the information is correct.

Signature: _____

Date: _____



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Medications

Name and strength of medication: _____

How many (i.e. 1 tab)

How is this medication administered (i.e. in treat/injection)?

How often does your pet get this medication?

AM

Noon

PM

When is your pet due for his/her next dose? Date _____

AM

Noon

PM

Name and strength of medication: _____

How many (i.e. 1 tab)

How is this medication administered (i.e. in treat/injection)?

How often does your pet get this medication?

AM

Noon

PM

When is your pet due for his/her next dose? Date _____

AM

Noon

PM

I (owner) read through the above information and confirm that the information is correct.

Signature: _____

Date: _____