



11549 N. Kendall Drive  
Miami, FL 33176  
(305) 598-1425 office  
[www.pouvetgroup.com](http://www.pouvetgroup.com)

### Boarding Admission Form

Pet's Name: \_\_\_\_\_ Boarding from: \_\_\_\_\_ To: \_\_\_\_\_

M/F? \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Neutered? \_\_\_\_\_

Is/does your pet:  aggressive  comfortable in a crate/kennel  good on a leash  like to be touched  
 anxious  playful with others  friendly  allergic

Owner's Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

#### Medication Information

*(additional fee to administer)*

Medication	Quantity/Dosage	Frequency
_____	_____	_____ am/pm
_____	_____	_____ am/pm
_____	_____	_____ am/pm

#### Feeding Information:

What kind of food?	How much food should we feed your pet?	Time
_____	_____	_____ am/pm

#### Additional Services:

Ear Cleaning  Nail Trim  Pet Grooming  Vaccines  Other \_\_\_\_\_

Will the pet have any personal items while boarding with us? If so, please list them below:

\_\_\_\_\_

#### Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

All animals entering the hospital must be up-to-date on all vaccinations, including rabies. They must be free of external and internal parasites, or they will be treated upon entry at the owner's expense. I authorize Pou Veterinary Group, its doctors, staff and affiliated members, to do whatever is necessary should an emergency situation arise. All animals will receive a bath, prior to discharge, at owner's expense. I accept and consent to the responsibility for all costs incurred and all charges will be paid prior to release of animal. If I neglect to pick up my pet 30 days past the scheduled pick up date, we may assume that this pet is abandoned, and are hereby authorized to dispose of pet as the veterinarian deems best and necessary.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date