



**Madeira Veterinary Hospital**  
 7250 Miami Avenue, Cincinnati, Ohio 45243  
 Ph: (513)561-7467 Fax: (513)561-4062  
 Email: madeira.vet@gmail.com

For Office Use Only
Date: _____
Last Meal Time: _____

**Boarding Information**  
**(Please fill out one form per pet)**

**Contact Information**

Owner Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Pet Information** (If more than one pet, print additional copies for each pet)

Pet Name: \_\_\_\_\_ Dog / Cat

**Feeding Information**

Brand(s): \_\_\_\_\_

AM instructions and amount: \_\_\_\_\_

PM instructions and amount: \_\_\_\_\_

**Medications and Directions** (\*\*All Medication MUST be in original containers\*\*)

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

**Belongings:** \_\_\_\_\_

\_\_\_\_\_

**Arrival/Discharge**

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

Check Out Time: \_\_\_\_\_ 8am-12:00pm M-F \_\_\_\_\_ 2pm-4:30pm M-F

\_\_\_\_\_ 8am-12:30pm Sat. (No Sunday discharges)

**Services Offered While Boarding** (Please indicate if you would like any of the following additional services done before your scheduled check out time/date.)

- |  |   |
|--|---|
| <input type="checkbox"/> NONE                    | <input type="checkbox"/> Nail Trim                                  |
| <input type="checkbox"/> Ear Cleaning            | <input type="checkbox"/> Bath (includes nail trim and ear cleaning) |
| <input type="checkbox"/> Anal Glands Expressed   | <input type="checkbox"/> Annual/Vaccines (Exam Fee Required)        |
| <input type="checkbox"/> Medication Refill _____ |   |
| <input type="checkbox"/> Other _____             |   |

**Additional Information (please check all that apply):**

Food Allergies

Fence Jumper/Climber

Bed/Blanket chewer

Good with other pets

Any additional information you would like us to know about your pet, please inform us:

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**Exercise:**

Family members will be put out in our yard together unless we are directed otherwise. If your dog is able to escape from a fenced yard, please tell us.

Additionally, please let us know if your pet plays well with others and would be allowed supervised play dates while boarding.



**What to Bring for Boarding**

**Food:** We provide Hill's Science Diet® products- if your pet is eating Hill's products, you do not need to bring food. If your pet eats another brand of food, please provide an adequate supply for the duration of their stay. Sudden diet changes can lead to gastrointestinal issues. In addition, we provide food/water bowls.

**Medication:** Please bring all medication (in original containers) that your pet will need to receive while they are boarding with us. If your pet takes his/her medication with any "human" food, please be sure to bring that.

**Toys: (Please limit to one toy)** Acceptable toys include: Nyla Bones, Kong toys with their favorite treat or extra kibble, other DURABLE chew toys. In most cases these toys can be left in the kennel with your animal to keep them occupied when unsupervised. We are not responsible for the destruction/possible ingestion of any toys.

**Bedding:**

We have ample blankets and bedding for your pet. If your pet has medical needs, extra bedding will be provided. Please let us know if you feel your pet has special needs.



I have reviewed and accept the above conditions.

Owner Print Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_