



Animal Medical Clinic

4655 Research Park Blvd., Huntsville, AL 35806
Phone: (256) 837-9700 Fax: (256) 864-0868
info@amchuntsville.com
amchuntsville.com



Veterinarians:
Sheri Fastenrath, DVM, CCRP
Lauren Grider, DVM
Andrea Maddox, DVM

Boarding Check-In Form

Boarding Dates: _____ - _____

Did you bring medications from home to be given during your pet’s stay? Yes No
If so, please list medication name, dose, frequency and day/time last given:

*For your pet’s safety, please bring all pet medications in the original containers with prescription labels in place.

Did you bring any personal items that you would like returned at the end of your pet’s stay?
Yes No If so, please list the items and provide a description:

*We do not recommend leaving the pet’s collar and leash at the veterinary hospital.

Are there any other services you would like performed while your pet is boarding with us?

Boarding Consent and Release: **Assistant Initials:** _____

I authorize the veterinary staff to perform any procedures and/or treatments deemed medically necessary while boarding in the event I cannot be reached directly by phone.

I understand that if fleas are noted on my pet during boarding, the veterinary staff will administer medication(s) to treat the problem.

I understand that if intestinal parasites (“worms”) are noted, the veterinary staff will administer medication(s) to treat the problem.

I assume full financial responsibility for this patient and understand that payment is due at the time of service.

Owner’s Name (Print): _____

Signature: _____

Phone Number(s): _____