KENNESAW MOUNTAIN ANIMAL HOSPITAL

PRE-BOARDING FORM

770-419-5758

DROP-OFF TIMES

PICK-UP TIMES

Sunday pick-up available only at 4:30 sharp.

Techs cannot process pick-ups earlier than 4:30 so please do not show up early.

Sunday pick-ups must pre-pay at drop-off as we are closed.

Pets Name:					
Mom/Dad's Name:					
Emergency phone #'s where I	can be reached:				
You have also received our Bo	arding Agreement, your signature on that form enables KMAH to diagnose and treat your				
pet should minor medical trea	tment be needed while boarding. Ensure you have initialed whether you want a call prior				
to treatment or if it's okay to p	proceed without calling. It is important to know that our doctors have taken a Veterinary				
Oath to stabilize any life-threa	tening injuries until further treatment if performed.				
VACCINATIONS REQUIRED TO	D BOARD				
	s are not current, we will require that they are given the day of drop off unless As a reminder, we require the following vaccines to be current for boarding:				
<u>Dogs</u>	<u>Cats</u>				
Rabies Distemper (DAPP) Bordetella Canine Influenza N8 Canine Influenza N2	Rabies Feline Distemper (FVRCP)				
PERSONAL BELONGINGS					
bring those items from hom	am therapeutic beds and blankets that are sterile washed so there is no need to ne. We suggest bringing one toy and an old t-shirt or something with your scent on comfort. Please label any item you bring with your Pets name, including the bag				
*** KMAH is not responsibl	e for lost or damaged belongings so please keep your best at home. ***				
Collar/Leash One	Toy One t-shirt or something with scent from home.				
Does your dog chew beddin	g?				

FOOD										
If at all possible, pre-bag food and label each with your Pets name. We ask that you refrain from bringing large containers with more food than is necessary as it claims necessary space needed for other Pets food.										
KMAH Food O	R Your Food									
Wet OR D	Dry 🗌									
Dry: ☐⅓ cup	☐ ¼ cup	☐ ½ cup	☐ ¾ cup	1 cup	□1 ¼ с	ups	11/2	ú cups		
☐1½ cups	1 ¾ cups	2 cups	2 ⅓ cups	2 ¼ cups	☐ 2 ½ c	ups	2 3/4	4 cups		
Wet: ☐ ⅓ can	☐ ¼ can	☐ ½ can	☐¾ can	1 can	□1 ¼ c	ans	1 1/2	ź cans		
☐ 1 ⅓ can	1 ¾ cans	2 cans	2 ⅓ cans	2 ¼ cans	2 ½ c	ans	2 3/4	4 cans		
#tsp.	#tbs.									
Feeding Times:	АМ 🗌	Noon 🗌	РМ 🗌							
Additional Instructions for food/feeding:										
Medications										
	anizers are great at brought in their re		-	n a boarding env	ironment a	ınd for	that we	ask th	nat	
Please list any me	dications we will no	eed to administe	er during your P	ets visit.						
Tablet Capsule	Liquid	Drug Name	Dosage	Dosage (mg/ml etc.) # to give How many times per day?			r day?			
						1x	2x	3x	4x	
						1x	2x	3x	4x	
						1x	2x	3x	4x	

Pet's Name: Page 2

1x

1x

1x

1x

1x

2x

2x

2x

2x

2x

3x

3x

3x

3x

3x

4x

4x

4x

4x

4x

	Pet's Name:	Page 3
Additional medication instructions continued on next page.		
ADDITIONAL MEDICATION INSTRUCTIONS		
Additional Boarding Instructions		