

# Plainfield Veterinary Clinic and Surgical Center

24000 W. Dayfield Drive, Unit 102  
Plainfield, IL 60586

p:815-439-8700

f:815-439-9090

## BOARDING

REQUESTED BOARDING DATES From \_\_\_\_\_ To \_\_\_\_\_

### CLIENT INFORMATION

Client Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Person Picking Up \_\_\_\_\_

### PET INFORMATION

Pet Name \_\_\_\_\_

Medication Yes \_\_\_\_\_ No \_\_\_\_\_

Med \_\_\_\_\_ mg \_\_\_\_\_ dose \_\_\_\_\_ how often \_\_\_\_\_

Med \_\_\_\_\_ mg \_\_\_\_\_ dose \_\_\_\_\_ how often \_\_\_\_\_

Med \_\_\_\_\_ mg \_\_\_\_\_ dose \_\_\_\_\_ how often \_\_\_\_\_

Med \_\_\_\_\_ mg \_\_\_\_\_ dose \_\_\_\_\_ how often \_\_\_\_\_

Last time medication was given \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

### FOOD

Owner Supplied  Clinic Supplied

Type \_\_\_\_\_

Cup(s) \_\_\_\_\_ Frequency \_\_\_\_\_

List items you are leaving at the clinic: \_\_\_\_\_

Can your pet have a blanket in their cage? Yes  No

Please return completed form to Plainfield Veterinary Clinic and Surgical Center.  
Thank you.