

Five Oaks Animal Hospital

1991 NC Hwy 11/55 South
Kinston, NC 28504
(252) 686-8601

Welcome !

Thank you for trusting us with your companion. It is our mission to see that each animal boarded with us has the comforts of home. Please take a moment to complete this form with the information that enables us to provide adequate care for your pet. It also provides us with records required by the state of North Carolina.

Patient Information Sticker

We require all animals being boarded in our facility to be current on all vaccinations for the protection of your pet, as well as all others boarding with us. These vaccinations include the following, Dogs: DA2PP, Bordetella & Rabies. Cats: FVRCP & Rabies. Please verify that the vaccination dates listed below are correct. *All pets that are noted to have fleas, ticks or intestinal worms during their stay will be treated at the owners expense.*

Rabies: _____ DA2PP: _____ FVRCP: _____ BRDVC _____

Is your pet on any medication that is to be given during their stay with us? _____ Yes _____ No If yes, please list medication(s) and what it is given for: _____

Any special diet restrictions or food allergies we should know about? _____ Yes _____ No If yes, please explain. _____

What type of food does your pet eat at home? _____ Dry only _____ Can only _____ Combination of both

Would you like for your pet to receive any of the following while boarding? _____ Yes _____ NO

_____ Bath _____ Nail Trim _____ Express Anal Sacs

_____ Misc. _____

(Please be reminded that there is an additional charge for these services and if you request a bath, you will need to pick up your pet after **3:00 pm** on the last day they are scheduled for boarding)

*** NOTE ***

Your pet is scheduled for boarding from _____ to _____. If you fail to pick up your pet after three days of the final scheduled date (without notification) we will assume your pet has been abandoned and relinquishment of ownership will be accepted. However, we will attempt to contact you and your Emergency Contact if you fail to pick up your pet on the designated date. _____ owners initials

If other than owner, pet will be picked up by: _____

Emergency Contact Name: _____ Phone# _____

Client Signature: _____ Date: _____