



Eudora Animal Hospital

1905 Elm Street
Eudora, Kansas 66025
(785) 542-3265

Boarding/Drop Off Form

Client's Name: _____

Phone number where you can be reached _____

Pet Information

Name of Pet _____ Reason for visit today _____

Dates of boarding _____

Is your pet current of vaccinations including Kennel cough/Bordetella(required for boarding)? _____

Would you like your pet bathed? Yes No

Would you like flea/tick treatment? Yes No (your pet will be treated if fleas are seen)

Would you like your pet examined/treated for any health problems/concerns? (Please list) _____

What medications is your pet being given if any? _____

I, the undersigned owner or authorized agent of the above patient, authorize the doctors and staff of Eudora Animal Hospital to administer treatment or medical procedures necessary for the health of my pet. I assume financial responsibility for charges incurred, and agree to pay all the charges at the time of release. I also understand that the hospital is not fully staffed 24 hours a day.

Authorized Agent/Owner _____ Date _____