



Obetz Animal Hospital

3999 Alum Creek Dr
Columbus, OH 43207
614-491-5676
www.obetzah.com

Boarding Reservation

(Please use one form per pet)

Owner Information

Last Name:		First Name:	
Address:			
City:		State:	Zip:
Contact Number While Out of Town:		Home Phone:	
Check-In Date:		Check-Out Date:	
Will you be bringing your own food? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Feeding Instructions (how much/how often):			
Is your pet on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please list:			
Is your pet current on vaccines (Rabies, DPPLA, Bordatella for dogs Rabies, FVRCP, FeIV, and fecal examination)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please bring proof if not a patient at Obetz Animal Hospital			
To better help us exercise your dog, please answer the following questions:			
Is your pet dog aggressive? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your pet a fence climber? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize the staff/veterinarians to perform medical treatments if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you like your pet bathed or groomed while boarding? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Pet Information

Name:	Breed:	M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Birth Date:
Color/Markings:		Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No				

We offer Sunday evening pickup times, arrangements and pre-payment must be made at the time of the boarding check-in.

If your pet has fleas upon arrival for their stay with us, we will administer a Capstar tablet. You will be financially responsible for the Capstar administration.

Signature of owner or responsible party _____