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Boarding Admission Form

Owner: _____ Pet: _____

Admit Date: _____ Departure Date: _____

My pet needs these services while boarding: _____

Feeding Guidelines: _____

Medications: _____

Would you like extra play time for your dog for an additional \$7.00 per day? YES NO
Group Play Time Full Day \$18 OR Half Day \$12 : AM Session PM Session

Would you like your pet bathed on the date of their departure at a 25% discount?

No Thanks Bath Only Bath w Flea Application Flea Application only

In order to protect our patients from infectious diseases, we require that all animals entering the hospital show proof of current vaccinations through a licensed veterinarian for the following diseases:
Canine- DHLPP, Bordetella, Canine Influenza Combo, & Rabies. Feline: FVRCP & Rabies.

I UNDERSTAND MY PET WILL BE VACCINATED AS REQUIRED IF NOT PROVEN CURRENT.

I assume financial responsibility for the services rendered and understand that full payment is due upon completion of services.

Phone number where I can be reached: _____

Emergency contact name & number: _____

Client Signature: _____ Date: _____

Additional notes:

