

Arbor Creek Animal Hospital

15971 S. Bradley Drive Olathe, KS 66062
Phone (913) 764-9000 Fax (913) 764-6715
www.ACAnimalhospital.com



BOARDING INFORMATION & RELEASE FORM ADDENDUM

Thank you for continuing to give us the opportunity to care for your pet.

Date _____

Client Name _____

Pet(s) Name _____

Emergency Number _____

Contact Person _____

Date Boarding _____ to _____
mo/day/yr mo/day/yr

Pick up time: 8a-12p or 12p-5:30p
(circle one)

Are there any changes to your pet(s) medication(s)? Yes / No (circle one)

If yes, please describe changes

(1) _____

(2) _____

(3) _____

Did you bring food? Yes / No (circle one)

Are there any changes in food or feeding schedule?

If yes, please describe _____

Please check and describe any other items brought with your pet (treats, bedding, toys, leashes, etc.):

(1) _____

(4) _____

(2) _____

(5) _____

(3) _____

(6) _____

Would you like your pet scheduled for a Bath and Basics during their stay? Yes / No (circle one)

Is there anything that you would like for the veterinarian to check while your pet is staying with us?

Yes / No If yes, please describe _____

Please Initial _____