

Katy A. Parr, DVM
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555 East Glenwood-Lansing Road
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708-758-2400

www.gvph.com
info@gvph.com



Owner: _____ **Patient:** _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Breed: _____ Color: _____

Color: _____ Sex: _____

Medication #1 Name and strength: _____

Dose: _____

If gets this medication once a day, when do you give it? **AM** **PM**

Has your pet received this medication today? Yes No

Do you need any refills on this medication? Yes No

Medication #2 Name and strength: _____

Dose: _____

If gets this medication once a day, when do you give it? **AM** **PM**

Has your pet received this medication today? Yes No

Do you need any refills on this medication? Yes No

Medication #3 Name and strength: _____

Dose: _____

If gets this medication once a day, when do you give it? **AM** **PM**

Has your pet received this medication today? Yes No

Do you need any refills on this medication? Yes No

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BOARDING INFORMATION

My preferred contact number while I'm away: _____

Alternate contact number and name: _____

Admission Date: _____ Release Date: _____

I authorize the doctors and staff at Glenwood Village Pet Hospital to perform any minor treatments necessary to maintain the health of my pet while boarding. (e.g. trim broken toenail, treat diarrhea, etc)

Client Signature: _____ Date _____

I understand that if I am unable to pick up my pet(s) before business closes for the day, my account will be charged for boarding for each additional day that he/she is here, until I can arrange for pick up.

Client Signature: _____ Date _____

I understand that if fleas are found on my pet after admission for boarding, they will be treated at my own expense _____ *Initials*

Is your pet on any flea or tick preventative? Y N

If yes, what brand? _____ & how often _____

Is your pet on any heartworm preventative? Y N

If yes, what brand? _____ & how often _____

