

BOARDER ADMISSION FORM

Owner _____ Pet _____ Date _____

All pets must be current on vaccinations and parasite-free. If vaccinations are required, they will be administered and appropriate fees charged.

Please indicate any services you would like provided while your pet boards with us:

- bath, AM going home
- flea dip
- nail trim
- express anal glands
- ear cleaning
- fecal examination
- heartworm test
- dental cleaning and polishing
- physical exam by doctor Note any problems _____
- other _____

When would you like to pick up your pet? DATE: _____ **NOTE: Check out is by 12:00 p.m. If your pet is picked up after 12:00 p.m., you will be charged for another day of boarding.**

Our doctor will be alerted to any problems found. If problems are found which do not require immediate attention

- I give the doctor permission to examine my pet and treat the problem(s).
- I would like to schedule an appointment with the doctor upon my return.

ANY PETS FOUND TO HAVE FLEAS UPON ADMISSION WILL BE BATHED AND DIPPED IMMEDIATELY AT THE OWNER'S EXPENSE.

What type of food does your pet normally eat? Dry _____ Moist _____ (We feed Science Diet brand food with boarding) Did you bring your pet's food? Yes _____ No _____

Does your pet eat a prescription diet food? Yes _____ No _____ If yes, you must provide the food.

Is your pet on any prescription drugs? Yes _____ No _____. If yes, please list the names of the drugs and when to administer the drug

_____ The cost is \$6.00 each day we need to administer prescription drugs.

Will you be leaving any personal belongings such as toys, collars, leashes, blankets, food, etc?

No _____ Yes _____ Describe _____

(We try to return all items. However, we are not responsible for any lost items)

OWNER RELEASE

You are to use reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet while I am absent, will be treated ad deemed best by the staff veterinarians and I will assume full responsibility for the treatment expense involved. I fully understand that my pet must be current on all vaccinations for the safety of not only my pet, but for the safety of the other animals in the hospital.

Date _____ Owner's Signature _____

Emergency Phone Number _____

FOR IN HOSPITAL USE

- vaccs
- eyes
- HW
- nails
- meds
- D/O date _____
- fleas
- P/U date _____
- skin
- board code _____
- ears
- number of days _____