

PATIENT _____	SPECIES _____	AGE _____	OWNER _____
SEX Unknown	BREED _____	ADDR _____	
COLOR _____	MARK _____		
ID 14671	RABIES _____	CHIP _____	PHONE _____

For Receptionist/Veterinary Assistant to record in medical record:

Date/Time of Pickup: _____ Weight: _____ Bath? _____ NT? _____ Anal Glands? _____

Medcations (dosages, when given last): _____

Food - type, amount, how often, fed last: _____

Special Instructions/Ancillary Services: _____

Vaccines: In order to board your pet(s), vaccines must have been given per clinic standards. If your pet does not receive it's vaccines at this facility, you must show documentation from another licensed veterinarian that verifies current vaccinations. If any vaccinations are past due, your pet(s) must be vaccinated before boarding for his/her protection, as well as the protection of other animals. Vaccines administered at this facility will be added to your bill.

Parasites: All pets must be free from external (e.g. fleas, ticks) and internal parasites (e.g. hookworms, roundworms). At our discretion, if internal or external parasites are found, the cost of treatment will be added to your bill.

Diet: We routinely feed a premium maintenance dry food appropriate for the age and species of your pet. Prescription diets or canned maintenance diets are available and will be added to your bill at retail cost unless provided by you.

Medication: We will administer any required medications to your pet(s) for an additional charge. Only medication prescribed by a licensed veterinarian and appropriately labeled will be given. If medications need to be filled or refilled, the charges will be added to your bill. Pets requiring extensive medical monitoring or treatment are considered hospitalized and will be charged for hospitalization and not boarding.

Boarding is charged for each night of your pet's stay, regardless of the time admitted or released.
Pets must be picked up during normal office hours. We are unable to discharge pets after hours.
Personal items may be left at your own risk. We are not responsible for loss or damage.

Our hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold the hospital harmless for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, and diarrhea. Note: Some medical problems may not be evident in a kennel environment.

Should medical problems arise during your pet's stay, indicate the level of treatment you would prefer.

____ I authorize any and all treatment regardless of cost, including emergency clinic transfer.

____ I authorize supportive care only until I can be reached. I understand that any and all treatment costs will be added to my bill and that I will be responsible for any emergency or specialty fees incurred.

I agree to make full complete payment to the hospital at the time of discharge. Note: A deposit may be required on admission at the discretion of the hospital.

I understand that if I fail to pick up my pet(s) within 12 days of schedule pickup, my pet(s) will be considered to be "abandoned", and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Authorized Agent

Date

Phone numbers at which owner or agent can be reached