

Boarding Admission Form

Animal Hospital

(270) 826-5060

Pet Information:

Owner's Name _____ Date _____

Pet's Name _____ Breed _____ Age _____ Sex: M F NM
SF

Pick Up Date _____ Time _____ Groom: Y N Date _____

Medication (additional fee): Y N Bath: Y N Nail Trim: Y N Capstar: Y
N

Pet Belongings: Blanket Bed Toys Food /Treats
Carrier: _____

ARE VACCINATIONS CURRENT? (RABIES & BORDATELLA REQUIRED) YES
NO UPDATE

Admitting Employee _____ Animal's Weight _____ Fleas/Ticks Present Y
N

Owner Release:

I, The undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above. I understand that for my animal to be boarded, the following will be performed. On check in, I will present documentation of current vaccinations and if I cannot provide this, my animal will be vaccinated. If my animal is found to have any fleas or ticks, he/she will be treated and I will be charged accordingly.

I also give The Animal Hospital authority to use all 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 were followed. I understand that ANY problem that develops with my pet while I'm absent will be treated and deemed best by the staff veterinarian(s) and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within 10 days of the date above and do not notify you within that time frame you may assume that the pet is

abandoned and hereby authorized to dispose of the pet as you deem best and/or necessary.

Signed _____ **Date** _____

Emergency Contact _____ **Phone**
Number _____

Signed _____ **Date** _____

Emergency Contact _____ **Phone**
Number _____

Signed _____ **Date** _____

Emergency Contact _____ **Phone**
Number _____