

Hill Country Veterinary Hospital

1409 W. Whitestone Blvd. Cedar Park, TX 78613 512-219-7774

OWNER: _____

PET'S NAME	BREED	COLOR	SEX/AGE
_____	_____	_____	_____
_____	_____	_____	_____

All animals entering the Hospital **Must Be Current On All Vaccinations And Be Free of External Parasites.** If they are not, vaccinations will be administered and/or the pet treated for parasites at the owner's expense. All dogs must have had a bordetella vaccination within the last 6 months.

Owner's Initials: _____

PROCEDURES REQUESTED WHILE PET (S) ARE BOARDING (Please Check):

CANINE	FELINE	MISCELLANEOUS
____ DHLPPC booster	____ FVRCP booster	____ Dental cleaning
____ PC booster	____ Leukemia booster	____ Bloodwork
____ Lymes booster	____ FIP booster	____ Bath/Brush out
____ Rabies booster	____ Rabies booster	____ Surgery _____
____ Bordetella	____ Felv/FIV test	____ Other _____
____ HW test	____ Fecal	
____ Fecal		

MEDICATIONS NEEDED WHILE BOARDING:

PET'S NAME	MEDICATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

I authorize Hill Country Veterinary Hospital to do whatever is necessary should treatment of any kind be deemed necessary, or an emergency should arise. To include, if needed, tranquilization/anesthesia, surgery, or medication for my pet(s). I understand these procedures will be billed to me, the client. I agree to pick-up my pet within 5 days of the below indicated discharge date or notify HCVH by telephone of any discharge date changes. It is my understanding HCVH will automatically have authorization to dispose of my pet(s) as they deem professionally necessary, if I do not meet the above criteria. Fees are charged by weight and per night, and animals will be released only during normal business hours. Full payment is due upon release.

Owners Initials: _____

OWNER'S SIGNATURE: _____

EMERGENCY CONTACT NUMBER: _____

ADMITTING DATE: _____

RELEASE DATE: _____