## **Endsmeet Animal Hospital Boarding Admission Form**

Owner/Agent (must be over 21)			
Home Address			
Mailing Address (if different			
Home Tel.No	Work	Cell	
Emergency Contact Name		Tel	
I understand that all reasonable animal(s) whilst in the care of En death is not always avoidable, ar Animal Hospital or its employees	idsmeet Animal Hospit and in the absence of gr	al. I understand, however, oss negligence, I agree not	that injury, escape or
If tranquilization is necessary for done. If vaccination or treatmer to be done. I authorize Endsmee pet(s) should an emergency situa	nt for external or interr et Animal Hospital to do	nal parasites is required I giv	ve my permission for it
If I neglect to collect the animal( expected discharge date, you ma made to the government Dog W obligation to pay the bill for goo	ay assume the pet(s) is arden or to the S.P.C.A	/are abandoned. Transfer of the Abandonment does not re	of the pet(s) can be
All dogs are bathed on discharge receive a flea treatment on adm normally ask you to pick up pets 12pm on Saturdays. (The hospita	ission unless treated a between 3pm and 6pr	t home within 3 weeks prion m Monday through Friday a	r to boarding. We nd between 10am and
I understand that I am responsib that a 2% monthly surcharge wil I agree that all agency charges, lo attempting to recover overdue a	I be added to all bills we gal costs and other ex	rith an outstanding balance penses incurred by Endsme	of more than 30 days.
Owner/Agent signature		Date	

Payment may be made by Cash, Cheque, Visa or MasterCard. Post-dated cheques will be accepted to be cashed at

a later date.

## **Instructions**

Admission Date	D	Discharge Date		
1		2		
ANIMAL NAME				
LAST VAX DATE				
MEDICATION TO BE GIVEN	WHILE BOARDING			
1	Give	Tabs/caps		Times Daily
2	Give	Tabs/caps		Times Daily
3	Give	Tabs/caps		Times Daily
4	Give	Tabs/caps		Times Daily
DIET REQUIREMENTS				