

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

Chronic Medications and Instructions: \_\_\_\_\_

Food - type, amount, how often, fed last: \_\_\_\_\_ Ours \_\_\_ Owners \_\_\_

**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 Monday through Friday between 10am and 4 pm or Saturday between 9am and 11 am . 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 a major medical problem arise during your pet's stay, we will make every effort to contact you to notify you of your pet's status and give an estimate of treatment. Should the condition be deemed life threatening, of a contagious nature, or of a nature that will worsen without treatment, supportive treatment will be performed and the charges will be added to your bill. Minor medical problems (such as vomiting/diarrhea/inappetence, or skin/ear/urinary tract infections, etc.) will be treated and the charges added to your bill **unless you decline by initialing here.** \_\_\_\_\_

Maximum amount to charge with out further consent of owner. \_\_\_\_\_

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

\_\_\_\_\_  
Name and Number of additional person authorized to pick up pet.