



Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Admittance Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Medications: \_\_\_\_\_

Time of Next Dosage: \_\_\_\_\_

\*\*\*There will be an additional \$3.00 charge for administration of medication daily\*\*\*

If any evidence of fleas is found by the hospital staff, a single dose of Advantage will be administered and a charge of \$14.68 to \$15.77 will be added to your bill. (Charge goes by patient's weight) **Please initial**

In case your pets needs medical attention or emergency care while boarding, please INITIAL ONE of the lines below. You are responsible for any charges that incur due to treatment at time of discharge.

1. I CONSENT to any **Necessary Treatment** for my pet while boarding. \_\_\_\_\_
2. I CONSENT ONLY to **Emergency Treatment** to sustain life. \_\_\_\_\_
3. I **DECLINE** all treatment on my pet while boarding, even if recommended by one of our doctors. \_\_\_\_\_

**OUR HOSPITAL IS NOT A 24 HOUR FACILITY. YOUR PET WILL NOT BE SUPERVISED OVERNIGHT.**

**Feeding Instructions:**

We only provide Science Diet Maintenance or Growth Diets. If your pet needs a specific type of food, you will need to provide it.

[ ] Once a Day (AM or PM) [ ] Twice Daily [ ] Three Times Daily [ ] Free Feed

[ ] Dry [ ] Wet [ ] Combo

**Special Instructions:** \_\_\_\_\_

**Medical Problems:** \_\_\_\_\_

**Inventory left with pet:** *\*\*We are not responsible for lost or damaged items.*

Leash Collar Carrier Bed Blanket Bone Toy Food Medications

I verify all the above to be correct and I understand the charges and agree to pay in full upon discharge.

Signature: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

FOR OFFICE USE ONLY

Current on Exam Yes\_\_\_ No\_\_\_

Current on Vaccines Yes\_\_\_ No\_\_\_

If not, what vaccines are due: \_\_\_\_\_