Double-checked by: _____



BOARDING ADMISSION FORM

We agree to use all reasonable precautions against injury, escape and death problems that develop provided reasonable care and precautions are followed date, it will be sold or disposed of by the hospital. Vaccinations and Parasites: Only animals that are current on vaccinations and free of parasites will be actation, it will be bathed at the owner's expense. We cannot guarantee that the make every effort to send the animal home flea and tick free. Medical Care: If an animal becomes ill while being boarded, the owner will be called to available or the animal needs emergency treatment, the hospital is author financial responsibility under the following guidelines: (Please initial only contact information provided.) Do all that is necessary for my pet. (No cost limitations)	ed. If the pet is not picked up within 10 days of the discharge dmitted for boarding. If a pet has a heavy tick or flea infese pet will be discharged completely parasite free, but we will consent to treatment. However, if either contact is not prized to treat the pet and the owner will assume full
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Do not spend more than \$ in the treatment of	my pet.
Primary Contact Name:	Primary Phone:
Secondary Contact Name:	
Pet Belongings: We request that the owner not bring any leashes, toys, bedding or other perscomfortable bedding, food and treats. Brought own food? Yes No Brand Variety?	Special Diet? Yes No
ist any concerns the doctor needs to address:	
List any medication to be given while boarding:Additional fees will be charged when the number of medications and/or injections is more than	
Pick-up Date: Time of Day: AM Please no	ote: There will be NO discharges between noon Saturday and 7:30am Monday.
Dismissal bath? Yes No Pick up after 3pm if getting a dismissal bath.	
Agreement: understand that payment (cash, check or charge) is due when I pick up my	pets. I have read this contract and agree with its terms.
Owner Signature:	Date:
	Admitted by: