

Hospital Boarding Reservation Information

Thank you for choosing our hospital to board your pet. We provide quality boarding with a personal touch. Every attempt will be made to give each pet individual love and attention during their visit with us.

Client:	Pet(s):
Special instructions:	
Feeding Instructions:	
Medication Instructions:	
Medical Services:	
Additional Services and/or Procedures:	
	ons were administered at another veterinary hospital, it is the owner's me the pet is admitted for boarding or they will be administered upon
Boarding animals less than four months of age is not recommend event that this is necessary, additional isolation charges may apply	led because they may not have developed complete immunity. In the y.
Internal/External Parasites: All pets must be free of parasites, including fleas & ticks. Pets bro	ought in with parasites will require treatment at the owner's expense.
	spital is that medical attention is readily available for our guests. If you nat was given to us on admission. If we are unable to contact you, your . If your pet is currently on medication, please inform the Client
Personal Belongings: Leaving personal belongings, such as toys, blankets, bedding, etc., requirements. If you have questions about this, please discuss wir or soiled. Collars and leashes may not be left at any time.	, is allowed but discouraged due to sanitation and orderliness th the admitting CSR. The facility is not responsible for any items if los
sneezing and self-trauma such as scratching or biting their skin. V	d dietary changes. Signs may include: vomiting, diarrhea, coughing, We take great care so that these problems won't occur and we treat our estand that these conditions can develop and that the hospital is not cur.
	the performance of such surgical or therapeutic procedures as you mnify and hold you harmless from and against all liability arising out of
Emergency Person:	_ Emergency Phone Number:
owner/guardian of the above named pet and have the author	es and information provided on this form. Additionally, I am the ority to execute this consent and authorize the procedures listed bove.

Date



Signature