MEDICAL BOARDING ADMISSION / RELEASE FORM

Entry Date: _________________ Departure Date & Approx. time: _________________

Bath: Full Service? ______ Clean Up?: _______ On What Date?: ______ In Computer?: ______

(Medical clean-up bath will be given if dog stays 2 nights)

Vaccinations: If performed elsewhere we need proof of vaccine status. If we administer the vaccines, we must perform a physical examination (estimate provided upon request). Client Initial: ______________________

Vaccine Label Here (Office Use)

Feeding Instructions: Own Food □ Our food □

Amount of Dry Food: ____________________________ Times per day

Amount of Canned Food: ____________________________ Times per day

Does pet need to be fed today?_______ When?______________

Medication:_________________________ Dosage:_______________ AM____Noon____PM____

Medication:_________________________ Dosage:_______________ AM____Noon____PM____

Medication:_________________________ Dosage:_______________ AM____Noon____PM____

Medication:_________________________ Dosage:_______________ AM____Noon____PM____

Does medication need to be given today? ______ When?______________

Notes:_______________________________________________________

_________________________________________________________

_____________________________________________________________
Medical Illness policy: If your pet becomes ill we will call the emergency number you provided for an update on your pet’s condition. If no one can be reached, any medical procedures deemed necessary by the attending veterinarian to relieve immediate discomfort or to resolve an important medical issue will be performed at the owner’s expense.

Client Initial: ______________________

I fully intend to pick up my pet on the departure date stated above. If circumstances change, I will call.

I understand that all accrued charges are to be paid upon discharge of my pet.

Signature______________________________________________

Cell_________________________ Alternate Phone for You__________________________

Emergency contact Name:_________________________________________

Cell:____________________ Home:____________________ Work:____________________

Emergency contact Name:_________________________________________

Cell:____________________ Home:____________________ Work:____________________

Thank you for entrusting us with your pet’s care!

The Doctors and Staff at Valley Cottage Animal Hospital

Receptionist Check-In:_________ Doctor Check-In:_________