

Boarding location: _____



Chase Whitworth, D.V.M. Jennifer Buird, D.V.M.
1665 Montgomery Hwy Hoover, AL 35216
Ph: 205-822-4779 Fax: 205-978-2119

Pet: _____

Client: _____

Admission date:

Pick up date:

Client #:

Owner:

Address:

City, St, Zip:

Phone: ()

Cell: ()

Emergency Contact: _____

Emergency Phone: _____

Vaccinations & Reminders:

Please update any Vaccinations and or Treatments due while here.
Boarding Notes:

Other Pets boarding at this time: _____

Boarding Release:

In the event my pet becomes ill while staying at Patton Chapel Animal Clinic, I authorize the attending veterinarian to administer treatment as is considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature.

I understand that Patton Chapel Animal Clinic will make every effort to contact me prior to any treatment or medication over a cost of \$50.00 and or surgical care of major medical emergency.

- I agree to pay for any and all vaccinations that are deemed necessary for my pets stay.
- If a medical problem is discovered during my pets stay, I understand that care will be provided by Patton Chapel Animal Clinic and agree to pay for all necessary treatment.
- I agree to pay for flea treatment if fleas or flea dirt are found on my pet on admission or during my pets stay.
- I understand that boarding rates are charged by the night, and medication charges are charged by the day.
- I agree to pay in full for all services rendered at the time of discharge.
- I understand that there are no pick ups outside of the normal business hours.

Available Boarding Accommodations:

- Sunday Pick-up:** Sunday from 5-6pm ONLY ½ Day boarding rates will apply.
- Client Medication Administration:** Pets will be given medications by staff as directed by owner. (\$2.50 per day)
- Group Playtime:** Extended supervised outdoor time with other dogs of similar size. (No cost = available on request)
- Bath:** Includes ear cleaning, pedicure, and anal gland expression. (Price varies by weight/hair length)
- Groom/Haircut by Sharon** (Price varies by weight/hair length)

My signature on this form will stay active for **one year** from date of this original form. I have viewed and accepted that the information on my pet is correct.

Owner/Agent Signature _____ Date _____

Admission date:

Pick up date:

Boarding location: _____

Pets Name:

Description: Species
Age:

Sex:

Breed
Weight:

Clients Name:

Color

lbs.

Boarding Info:

Brought items:

Clinic Food

Own Food

Treats

Feeding Instructions:

Medications:

No Medication

Brought Medication

Administer Clinic Medication

I administered this mornings/today's medications before arrival

List of medications: 1) _____

2) _____

3) _____

4) _____

5) _____

Kennel Staff Notes:

Services Requested while Boarding:

Check each item to be done

Nail Trim

Express Anal Glands

Ear Cleaning

Bathing - when: _____

Grooming - when: _____ (see groom check-in sheet for directions and charges)

Extended Outdoor Playtime: Yes ____ NO ____

Medical: _____

Is there anything we need to know about your pet while he/she is here with us?

Comments- Kennel Staff:

Admission date:

Pick up date: