

Pet: _____

Admission

Client: _____

date: _____ **Pick up date:** _____

Owner: _____

Address: _____

City, St, Zip: _____

Phone: _____

Cell: _____

Emergency Contact: _____

Emergency Phone: _____

Vaccinations & Reminders:

<treatments>

Please update any Vaccinations and or Treatments due while here.

Boarding Notes: <appt-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.
- I understand that Patton Chapel is not responsible for any lost/damaged belongings.

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 <animal> is correct.

Owner/Agent Signature _____

Date _____

Pets Name:

Description:

Age:

Sex:

Boarding Info:

Brought items:

Clinic Food

Own Food

Treats

Towel/ Blanket: _____

Feeding Instructions:

Bed: _____

SID (Once a day) AM / PM

Toys: _____

BID (Twice a day)

Leash/Collar: _____

TID (Three times a day)

Other: _____

How much? _____

Medications:

No Medication
Medication

Brought Medication

Administer Clinic

I administered this mornings/today's medications before arrival

List of medications: 1) _____ SID (AM/ PM) BID TID

2) _____ SID (AM/ PM) BID TID

3) _____ SID (AM/ PM) BID TID

4) _____ SID (AM/ PM) BID TID

5) _____ SID (AM/ PM) BID TID

Kennel Staff Notes:

Services Requested while Boarding:

Check each item to be done

Nail Trim Dremmel nails Express Anal Glands Ear Cleaning

Bathing - when: _____

Extended Outdoor Playtime: Yes ____ NO ____

Medical: _____

Is there anything we need to know about "<animal>" while <he> is here with us?
