American Heritage Animal Hospital - Boarding Admission Form

Client				
Pet's Name	Dog	5	Cat	
Drop Off Date:	Pick Up Date:			
Any Vomiting, Diarrh	nea, Coughing, Sneezing?	Yes ()	No()	
Any drug allergies?	Yes () No() If yes, what			
Any illness or injury	in the past 30 days? Yes ()	No ()	– If yes, brief descr	ription
	on? Yes () No () If yes,			
Medication charges:	\$1.00 per day for oral medi \$2.00 per day for Injections \$1.00 per day for ear medic	S	<u>BE IN ORIGINAI</u>	<u>L CONTAINER</u>)
Current Diet:				
	wn food? Yes () No () I ?			
Ancillary services of Bath/Brush/Nail Tr	offered prior to discharge rim/Anal Glands Yes ()	at an a No ()	dditional cost: - price determined	by weight and hair coat
Haircut Yes () N	No $()$ – groomer sets this pr	rice	Anal Gland Expr	ession Yes () No () -\$16.00
Nail Trim (without Bath) Yes () No () - \$16.00 Ear Cleaning Yes () No () - \$20.00				
	pplied to your pet if fleas ar s and Advantage for cats.	e found	when your pet is ac	lmitted for boarding. We use
Behavior				
Does your dog jump or climb fences? Yes () No () Can your dog open latches/gates? Yes () No ()				
Is your Dog aggressiv	ve toward other dogs? Yes	() No	()	
Is your Cat aggressiv	e toward other cats? Yes () No ()	
Is your dog or cat aggressive towards people? Yes () No ()				
Does your dog have a toilet substance preference, i.e. grass, straw, etc?				
Is there anything else you feel we should know?				

American Heritage Animal Hospital, Inc. – Owner Release for Boarding

American Heritage Animal hospital, Inc. will use all reasonable precaution against injury, illness, escape or death of my pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

My initials and signature below indicate my understanding and acceptance of the following:

Initials

I have been provided with a copy of the American Heritage Animal Hospital, Inc. boarding policy.

_ I understand that you cannot guarantee my pet's health; I understand and will not hold American Heritage Animal Hospital, inc. responsible for conditions that are unavoidable In boarding kennels, such as, but not limited to: weight loss, hair loss, upper respiratory Infections, bronchitis, diarrhea and fleas. I understand that all pets admitted to the hospital must be protected against communicable contagious diseases and be free of internal and external parasites. *Fleas, intestinal parasites and diarrhea will automatically be treated at the owner's expense.*

In case of an *Emergency*. I authorize the hospital to sedate and perform such emergency procedures as may be necessary for the health of my pet until I can be notified.

I agree to pay, in full, all charges accrued for the emergency services rendered to my pet.

In case of a non- emergency problem:

Please treat my pet as needed – no phone call is necessary

Please contact me for permission to begin any treatment other than fleas, intestinal parasites or diarrhea.

Boarding is stressful and exciting and can lead to "stress" diarrhea as well as other unusual behavior such as shredding blankets, paper, chewing on the cage bars, non- stop barking, etc. Some pets may go home hoarse – this should clear up shortly. Some pets may seem very tired for a few days.

I understand that the hospital is not responsible for lost or damaged personal items left with the pet including but not limited to leashes, collars, beds and toys.

I will call if my "pick-up date" changes so that you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within those five days, you may assume that my pet is abandoned and are herby authorized to dispose of my pet as you deem best and/or necessary.

I understand that there is an additional charge for any pet deemed excessively aggressive towards humans during the boarding period.

Signature of Owner/Agent _____ Date

Name & Phone Number of Responsible Party to be Reached in an Emergency: