

Animal Medical Center
610 Morrison Road, Gahanna, Ohio 43230
(614)755-4900, Fax: (614)501-9353

Boarding Admission Form

Owner's Last Name: _____ Pet's Name: _____

Account: _____

Chronic Illnesses:

Allergies:

Sliver Boarding Per Night \$30
Gold Boarding Per Night \$40
Platinum Boarding Per Night \$45
Feline Boarding Per Night \$20
Holiday fee (up to 7 nights) \$5
Daycare Session \$15
Private 30-minute Session \$17

Bath and Nail Trim \$30
Nail at Go-home \$16
Grooming – Price will vary with breed and hair condition
Frozen Hypoallergenic Treat \$5
Peanut Butter Kong \$5

I understand that all core vaccinations must be current and pets must be free of external and internal parasites upon admission to our hospital. If vaccinations are not current, those vaccinations will be given upon admittance. If the animal does not have record of a negative fecal test within the last year, Animal Medical Center will send a sample to the lab for analysis. If external or internal parasites are observed they will be treated accordingly. All required vaccinations, testing, and treatment will be done at the owner's expense.

I understand in the event of my pet's illness; the staff will immediately attempt to contact myself or my emergency contact to discuss the problem and treatment options.

If any problem is observed or develops:

- Please treat my pet as required; you do not need to contact me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do NOT perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an emergency arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be deemed necessary for the health of my pet until I can be notified. I agree to pay, in full at the time of pick up, all charges for necessary services rendered for and to my pet. I understand that all medications must be kept in original bottles in order to be given to my pet at Animal Medical Center. I understand that Animal Medical Center does not allow any items other than food and medications to be left with patients while boarding and are not responsible for any lost or damaged items. The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

I understand that any problem that develops with my pet will be treated as noted above, and I assume full responsibility for the treatment expenses incurred. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period. Animal Medical Center may assume that my pet is abandoned and I hereby give authorization to Animal Medical Center to proceed with current Ohio guidelines.

Emergency Contact:
Name: _____
Phone Number: _____

I authorize this person to pick up my pet:
Name: _____
Phone Number: _____

Owner Signature: _____ Date: _____