

DATE IN: _____

Towne North Animal Hospital Boarding

DATE OUT: _____

PET NAME: _____ OWNER'S NAME: _____

Please confirm the information below is correct, if not please make changes

Address: _____

Cell Phone: _____ Phone: _____ E-Mail: _____

If my pet experiences a life threatening emergency:

Resuscitate Do Not Resuscitate

If my pet is in need of treatment:

- Perform any/past due treatment (wellness exam, vaccines, bloodwork, etc.)
- If my pet becomes ill, do whatever treatment is necessary ***OR*** Call before *ANY* treatment is done
- Perform **ONLY EMERGENCY TREATMENT**
- Do not call for anything **EXCEPT** Emergency Treatment

Boarding services for pets include: *Nails Trimmed *Anal Sacs Expressed *Appropriate Bedding
*Individual walking 3-5 times per day *Age-appropriate food *Brief exam by a Technician

Carrier:	Toys/Other:	FEEDING INSTRUCTIONS: Clients Food: _____ In House: _____ Amount: _____ Times Daily: _____ Leave Out: _____ Add Water: _____ Treats: _____ Additional Instructions: _____ _____	Bath: _____ Groom: _____ Surgery: _____ Exam: _____ Vaccs: _____
Blanket:			
Medications:			

PLEASE NOTE

****Check-out time is 2PM.** After that time another day of boarding will be charged. **

****Check-ins will be charged for the entire day regardless of drop-off time. ****

****Vaccinations must be current** on all pets to ensure the safety and health of all pets in our care. **** Required** vaccinations
Dogs: Bordetella, Parvovirus, Distemper and Rabies Cats: FVRCP and Rabies. If your pet is past due on these items they will be made current and your account charged accordingly. **It is the owners' responsibility to supply us with the current information if your pet is not normally vaccinated by this clinic. ****

****All pets are given a Capstar upon arrival for their own protection and your account will be charged accordingly.**

****If Medications, supplements, vitamins, or any products are to be administered** while your pet is here, there is an additional nominal charge per day.

****Towne North is not responsible for personal belongings left with each pet although we take every precaution to prevent them from being lost. Please make sure that your name is on each item.**

By signing below, I am indicating that I have read and understand the above. I also affirm that I am the owner of the above referenced pet and I am authorized to approve treatments and services.

Client Signature

Date