

MT NITTANY VETERINARY HOSPITAL



Owner's Name: _____

Pet's Name: _____

Owner's Phone Number: _____

Emergency Contact: _____

Pet's Regular Veterinarian: _____

Date of Arrival: _____

Date of Departure: _____

Medical Conditions and Medication list: (Please include all instructions)

Vaccination requirements:

Dogs: All dogs must have an up-to-date bordetella, within the **last 6 months**, Rabies, and Distemper (DHPPV) vaccine. We require that all vaccinations be given 2 weeks before your stay. Along with these vaccinations, we will need proof of current dog license, Heartworm prevention, and/or a negative fecal exam. Fecal exams must be done within 30 days of scheduled reservation if pet is not on heartworm preventative.

Cats: All cats must have rabies and Distemper (FVRCP) vaccinations up to date.

Boarding Charges:

These prices are per night per dog. *If you pick up before NOON you will not be charged for that day of stay.*

Cats: \$23.00

Optional services:

Nail Trim \$26.00 _____

Dogs: Under 20lbs: \$25.00

Medication Administration (\$10 per day): _____

20lbs-40lbs: \$27.00

40lbs- 80lbs: \$29.00

Over 80lbs: \$33.00

Release Form (please read carefully): In case of emergency or illness, I hereby consent and authorize Mt Nittany to receive, treat, prescribe or operate upon pet(s). Mt Nittany Veterinary Hospital is to use all reasonable precaution against injury, escape, or destruction of animal(s). Mt Nittany will not be held liable or responsible in any manner whatsoever in the event of accident or circumstances beyond the hospitals control. If I am unable to claim my pet(s) on the departure date stated on this form, I will notify Mt Nittany veterinary hospital. I understand in the event of abandonment; Mt Nittany Veterinary hospital will proceed with all stipulations defined in the Abandonment Animal Act of Pennsylvania. Also I the Owner will be responsible for any and all cost while the pet is here. Signing this agreement, I agree to this statement.

Photo Release: I, _____ give Mt Nittany Veterinary hospital permission to use my pets photograph on their website and/or other social media outlets. I understand that no loyalty, fee, or other compensation shall become payable to me.

Owner's Signature: _____

Date: _____