

Hart Road Animal Hospital Boarding Information

CLIENT: _____ **PET'S NAME:** _____ **CHART #** _____

Date of Admission: _____ Date of Pick-Up: _____ Pick-Up Time: _____

<animal>'s Food: _____ Amount Fed Per Meal: _____ # of Meals Per Day: _____

Circle your pet's most recent meal: **BREAKFAST LUNCH DINNER** May we give your pet treats? Y / N

Belongings: _____

<u>List Medications:</u>	<u>Instructions:</u>	<u>Time Last Given?</u>
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1. _____

2. _____

Last date flea prevention was applied and brand? _____

Has your pet experienced any coughing, excessive sneezing, vomiting or diarrhea recently? **If YES, please give details.**

Does your pet have any medical or behavioral conditions that are not in his/her medical chart at Hart Road Animal Hospital?

We maintain a flea-free environment for our patients and boarders. If fleas or ticks are found on your pet, he/she will be treated with an oral flea medication (Capstar) and your account will be charged for treatment.

Would you like any of the following services done while your pet is staying with us?

- | | |
|---|--|
| <input type="checkbox"/> Physical Exam (\$52.00)
<input type="checkbox"/> Dental Cleaning (estimate needed)
<input type="checkbox"/> Ear Cleaning/Plucking (\$27.00)
<input type="checkbox"/> Nail Trim w/ Dremel (\$18.50)
<input type="checkbox"/> Anal Sac Expression (\$20.00)
<input type="checkbox"/> General Health Blood Test (under 7yrs, \$61.93-\$77.07)
<input type="checkbox"/> General Health Blood Test (over 7yrs, \$194)
<input type="checkbox"/> Bath (price varies) | <input type="checkbox"/> General Health Urinalysis (\$62.18)
<input type="checkbox"/> Fecal Screening for Parasites (\$39.38)
<input type="checkbox"/> Permanent Microchip Identification (\$49.09)
<input type="checkbox"/> Flea Control (price varies)
<input type="checkbox"/> Heartworm Test (\$40.10)
<input type="checkbox"/> Heartworm Preventative (price varies) |
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One of the advantages of boarding your pet at a Veterinary Hospital is that medical attention is readily available should the need arise. If an illness should arise and your emergency contact cannot be reached in a timely manner, the following information will help us care for you pet according to your wishes.

I, the owner or authorized agent of _____, hereby authorize the doctors and staff of Hart Road Animal Hospital to administer treatment if determined to be necessary by the attending veterinarian. I understand there is no one in continual attendance overnight and that all charges are due when I pick up my pet. I give permission for my pet to be leash walked outside, and will not hold Hart Road Animal Hospital liable for unforeseen problems that occur while outside or for my pet's belongings left at Hart Road Animal Hospital.

In the case I cannot be immediately reached, I authorize the following level of treatment:

- Treat as necessary**
- Treatment not to exceed \$250.00**
- Treatment not to exceed \$100.00**
- I decline any emergency treatment**

I agree to the above conditions, and assume financial responsibility for all charges incurred to my pet, and that full payment is due when my pet is discharged.

Emergency Contact and Phone Number: _____

Signature of owner/authorized agent: _____ Date: _____