



Hart Road Animal Hospital Boarding Information

CLIENT: <contact> <client> **PET'S NAME:** <animal> **CHART #** <number> **WEIGHT:**
 Date of Admission: _____ Date of Pick-Up: _____ Pick-Up Time: _____
 <animal>'s Food: _____ Amount Fed Per Meal: _____ # of Meals Per Day: _____
 Circle <animal>'s most recent meal: **BREAKFAST** **LUNCH** **DINNER** May we give <animal> treats? Y / N
 <animal>'s Belongings: _____

List Medications: _____ **Instructions:** _____ **Time Last Given?** _____

1. _____
2. _____

Last date flea prevention was applied and brand? _____

Has <animal> experienced any coughing, excessive sneezing, vomiting or diarrhea recently? **If YES, please give details.**

Does <animal> have any medical or behavioral conditions that you need to have addressed or monitored while they are staying with us?

We maintain a flea-free environment for our patients and boarders. If fleas or ticks are found on <animal>, <he> will be treated with a flea medication and your account will be charged for treatment.

Would you like any of the following services done while <animal> is staying with us?

- | | |
|---|---|
| <input type="checkbox"/> Dental Cleaning | <input type="checkbox"/> Bath |
| <input type="checkbox"/> Ear Cleaning/Plucking | <input type="checkbox"/> General Health Urinalysis |
| <input type="checkbox"/> Nail Trim w/ Dremel | <input type="checkbox"/> Fecal Screening for Parasites |
| <input type="checkbox"/> Anal Sac Expression | <input type="checkbox"/> Permanent Microchip Identification |
| <input type="checkbox"/> General Health Blood Test
(under 7yrs.) | <input type="checkbox"/> Flea Control |
| <input type="checkbox"/> General Health Blood Test
(over 7yrs.) | <input type="checkbox"/> Heartworm Test |
| | <input type="checkbox"/> Heartworm Preventative |

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 your pet according to your wishes.

I, the owner or authorized agent of <animal> <client>, 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 <animal>. I give permission for <animal> to be leash walked outside, and will not hold Hart Road Animal Hospital liable for unforeseen problems that occur while outside or for <animal>'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 for <animal>**

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

Emergency Contact and Phone Number: _____

Signature of owner/authorized agent: _____ Date: _____