



HART ROAD ANIMAL HOSPITAL

Individual veterinary care for your special individual

Boarding Information

Client: _____ Pet's Name: _____ Chart #: _____
 Date of Admission: _____ Date of Pick-up: _____ Pick-up Time: _____
 Food: _____ Amount Fed/Meal: _____ # Meals/Day: _____
 What was your pet's most recent meal: Breakfast Lunch Dinner
 May we give your pets treats? Yes No Belongings: _____

Medications	Instructions	Time Last Given?

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?

- Physical Exam
- Dental Cleaning
- Ear Cleaning w/Plucking
- Nail Trim w/Dremel
- Anal Sac Expression
- General Health Blood Test
- Bath
- General Health Urinalysis
- Fecal Screening for Parasites
- Permanent Microchip ID
- Flea Control
- Heartworm Test
- Heartworm Preventative

One of the advantage 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 _____, hereby authorize the doctors and staff of Hard 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 case I cannot be immediately reached, I authorize the following level of treatment:

- Treat as necessary
- Treatment not to exceed \$100
- Treatment not to exceed \$250
- 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: _____