



WELCOME

Thank you for allowing us to care for your pet while you are away.

Please take the time to completely fill out this form so we can make your pets stay as comfortable as possible.

GENERAL BOARDING ADMISSION FORM

Date of Admission: _____ Admission by: _____

Expected Date of Discharge: _____ Morning Noon Early Afternoon Late Afternoon

Contact phone number: _____

(Please list all phone numbers where you can be reached while away)

Emergency Phone Number and Contact: _____

Please complete the following:

List your pet's normal diet: _____

How many times daily is your pet fed? _____ AM PM Continuous

List any medications you wish your pet to receive while boarding (medication fee may be applied)

Please list any special instructions, special considerations we should be aware of, or medical requests;

Do you currently have a Pet Health Insurance Carrier? _____

Our only requirements are that all pets boarding must be current on vaccinations, free of intestinal and external parasites as well as current on their annual physical exam and bloodwork. Written proof of vaccinations/physical exam or verification with the pet's veterinarian must be provided before boarding the pet(s). If parasites are found on the pet during the stay, they will be treated as **ALL ANIMALS Veterinary Hospital** determines, and the cost of the treatments will be added to the total bill.

Your pet is: Current Due for the following vaccinations: _____

Is your pet current on flea/tick preventative? YES NO Please administer: _____

If the pet is to be picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill. (We recommend you fill out the charge card authorization form).

Agent authorized to pick up your pet(s) on your behalf: _____

Contact Phone number: _____

All reasonable precautions will be used to prevent injury and escape of the pet. **ALL ANIMALS Veterinary Hospital** is not responsible for the actions of the pet that may cause injury and escape. We are not responsible for damaged or lost personal items.

All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. **ALL ANIMALS Veterinary Hospital** is given authorization to dispose of the pet(s) as they deem best.

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility.

I authorize ALL ANIMALS Veterinary Hospital, Attila Molnar DVM, agents, and staff to board and care for my pet as needed. I understand that if my pet becomes ill while under AAVH care, every effort will be made to contact me **however; many times these additional procedures must be performed immediately.** If I cannot be contacted, my pet will be treated as deemed necessary and I will be responsible for the charges.

Signature of Owner or Agent _____ Date _____