

# GUEST REGISTRATION

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ Species: \_\_\_\_\_

\_\_\_\_\_ Breed: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_

## BOARDING INSTRUCTIONS/SPECIAL NEEDS

Would you like your pet bathed before going home? Yes No

Would you like your pet (for an additional fee) to have extra PLAY TIME OFF LEASH?

\$7 per session, weather permitting: (Available weekdays only) Yes No

\_\_\_\_\_ times/day

Emergency contact/number \_\_\_\_\_

Pet's Belongings (carriers, toys, etc.) \_\_\_\_\_

I feed my pet (please circle) once daily (am or pm) twice daily free choice canned dry mixed

Was my pet's diet brought from home? Yes No If yes, what kind? \_\_\_\_\_

Are medications necessary while boarding? Yes No (There is a minimal daily charge for this service)

List names of medications and the dosage to be given \_\_\_\_\_

## Services Requested (please circle)

Bath	Flea Treatment	Nail Trim	Grooming
Examination	Vaccinations	Heartworm Test	Stool Check

Other \_\_\_\_\_

## GENERAL BOARDING CONDITIONS and INFORMATION

In order to protect your pet, all guests will be examined at admission and external parasites will be treated. All guests must be current on vaccinations, including Bordetella for dogs and cats. Proof of vaccination is required. Parasite treatments and overdue vaccines will be administered at the owners expense.

### MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available should the need be. **If your pet becomes ill, we will call the emergency number regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.**

\_\_\_\_\_ Please perform whatever services the doctor deems necessary for the best care of my pet.

\_\_\_\_\_ I authorize up to \$ \_\_\_\_\_ in medical care for my pet until someone can be reached.

\_\_\_\_\_ Do not administer any medical treatment until specific authorization is given.

I have read and understand the agreement. I fully intend to pick up my pet on the above specified date. If circumstances change, I will notify the office of a new pick-up date.

\_\_\_\_\_ **Boarders will only be released during normal business hours; no exceptions.**

\_\_\_\_\_ **We cannot be held responsible for belongings of monetary or sentimental value.**

\_\_\_\_\_  
Date Owner/Responsible Agent