

Boarding Admission Form

<first-name> <last-name>

<animal>

Date of Admission: <date>

Expected Date of Discharge: _____

Person authorized to pick dog up: (If not owner) _____

Phone number you can be reached at: _____

Medications your pet needs while boarding:

Belongings: _____

1. All pets boarding must be current on vaccinations. Written proof of vaccinations or verification with <animal>'s veterinarian must be provided before boarding the pet(s).
2. If parasites are found on <animal> during the stay, they will be treated as **Bollinger County Veterinary Service** determines, and the cost of the treatments will be added to the total bill.
3. If <animal> stay's longer than 7 days, we will try to bathe all dogs prior to discharge as a complimentary service. However, if <his> health or temperament makes it hazardous to the staff or the pet, <animal> will not be bathed.
4. If <animal> is to be picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill.
5. All reasonable precautions will be used to prevent injury and escape of <animal>. **Bollinger County Veterinary Service** is not responsible for the actions of the pet that may cause injury and escape.

REGARDING THE TREATMENT OF MY PET DURING ITS STAY (CHOOSE ONE):

- a) Treat <animal> as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. However, should the veterinarian determine that my pet require extensive measures to maintain life, I request that they euthanize (put to sleep) my pet. I understand the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet.

Signature: _____ Date: _____

- b) Do not treat <animal>. I decline all diagnostic tests and treatments (except parasite treatment which is a hospital requirement).

Signature: _____ Date: _____