

American Heritage Animal Hospital-Boarding Form

Owner's Name: _____

Pet's Name: _____

Arrival Date: _____ Pick Up Date: _____

Emergency Contact Name & #: _____

Is Pet on Medication (Additional Fee) Yes () No ()

1. _____
2. _____
3. _____
4. _____



Behavior:

Is your dog or cat aggressive towards people? (Possible additional fee) Yes () No ()

Is your pet aggressive towards other pets? Yes () No ()

Does your pet chew on blankets, towels, toys, etc.? Yes () No ()

Is there anything else you feel we should know? _____

In case of a non-emergency problem: **Initial One** _____

I authorize up to \$100 \$200 Other \$ _____

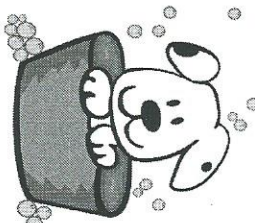
Please contact me for permission to begin any treatment other than fleas, intestinal parasites or diarrhea

My initials and signature below indicate my understanding and acceptance of the following: **Please Initial**

I understand that you cannot guarantee my pet's health. If intestinal parasites are found, pet will automatically be treated at the owner's expense.

In case of an Emergency, I authorize the hospital to sedate and perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges accrued for the emergency services rendered to my pet.

Please Initial Flea control will be applied to your pet if fleas are found when your pet is admitted for boarding. We use the Capstar pill for dogs and cats which has a cost of \$8.00.

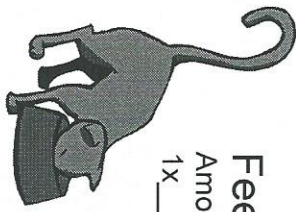


Bath: Yes () No ()

Nail trim, express anal glands, ear cleaning
Prices: 0-25lbs- \$30, 26-50lbs- \$39,
51-100lbs- \$54, over 100lbs- \$61

Feeding/ Day:

Amount of food: _____ Own Food _____
1x _____ 2x _____ Our Food _____



I will call if my "pick-up date" changes so that you can plan accordingly. If I neglect to pick up my pet within **10 days** of the date scheduled for discharge, and do not notify you within those ten days, you may assume that my pet is abandoned and are hereby authorized to rehome or dispose of my pet as you deem best and/or necessary. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

I understand that there is an additional charge for any pet deemed **excessively aggressive** towards humans during their boarding period. I understand that the hospital is **not responsible** for lost or damaged personal items left with the pet including but not limited to leashes, collars, beds and toys.

Signature of Owner/Agent: _____

Date _____