

**To help expedite your check-in process, fill out this form completely and bring to reception desk upon arrival.**

**\* \* \* Boarding Care Instructions \* \* \***

Arrival Date: \_\_\_\_\_ Date Going Home: \_\_\_\_\_ Time \_\_\_\_\_ am pm

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

All hospitalized animals **MUST HAVE CURRENT VACCINATIONS**. If your pet is not current, please inform us and we'll make the necessary arrangements.

To help control fleas and ticks on your pet and others, any animals admitted with fleas or ticks will need to be treated immediately at the owner's expense.

What type of flea/tick prevention is your pet on? \_\_\_\_\_ When was it last given? \_\_\_\_\_

What type of heartworm prevention is your pet on? \_\_\_\_\_ When was it last given? \_\_\_\_\_

In the event a medical condition is noted upon physical exam, I hereby authorize the doctor to:

**(CHOOSE ONE)**

- \_\_\_ 1. Proceed as you see fit. You do not need further permission from me to perform needed medical services resulting in increased cost.
- \_\_\_ 2. If it appears that charges will exceed \_\_\_\_\_ dollars over the highest treatment plan price, PLEASE PHONE ME for permission to proceed
- \_\_\_ 3. Do not exceed the estimate

**Medications to be given:** (an additional \$1.00 per day / per med will be charged)

- 1. \_\_\_\_\_ Apply where \_\_\_\_\_  
How often \_\_\_\_\_ when last medicated \_\_\_\_\_
- 2. \_\_\_\_\_ Apply where \_\_\_\_\_  
How often \_\_\_\_\_ when last medicated \_\_\_\_\_
- 3. \_\_\_\_\_ Apply where \_\_\_\_\_  
How often \_\_\_\_\_ when last medicated \_\_\_\_\_
- 4. \_\_\_\_\_ Apply where \_\_\_\_\_  
How often \_\_\_\_\_ when last medicated \_\_\_\_\_
- 5. \_\_\_\_\_ Apply where \_\_\_\_\_  
How often \_\_\_\_\_ when last medicated \_\_\_\_\_

**Feeding instructions:**

Hospital provided diet – can or dry

Owner provided diet: brand \_\_\_\_\_ can or dry

Is pet on prescription diet? Y N (brand) \_\_\_\_\_

How many meals per day? \_\_\_\_\_ quantity: \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_

List all personal belongings: (Kindness is not responsible for personal items) Please limit and LABEL all items with pet’s name. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special instructions:** \_\_\_\_\_

**PAYMENT IS DUE IN FULL WHEN SERVICES ARE RENDERED. 50% DEPOSIT REQUIRED UPON ADMITTANCE.**

I prefer to pay the bill for these services by: (check one): Debit\_\_ Cash\_\_ Visa\_\_ MC\_\_ Dencharge\_\_ Dis\_\_

If unable to contact me, I authorize Kindness Animal Hospital to do whatever is necessary should an emergency situation arise. Pets are released only during regular office hours. If I neglect to pick up my pet within five (5) days of the pick up date listed above, you may assume that the pet is abandoned and you are hereby authorized to place in a home or dispose of the pet as deem best. I will still be financially responsible for all expenses incurred.

I, the owner, and of legal age, authorize Kindness Animal Hospital to perform the above procedures and the use of sedation by tranquilizers or anesthetics as deemed advisable. I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of the procedures referred to above.

Phone number where you can be reached: \_\_\_\_\_ or \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Any additional comments: \_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_ (staff)