

## BOARDING EXTRAS

Pet's Name:

Last Name:

Medication

Dose

Frequency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

There is a *one time* medication administration fee of **\$7.50**

I would like my pet to be examined for the following concern(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which method would you like us to contact you in regards to your pet's exam?

\_\_\_\_\_ By Phone (\_\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_ Discharge consultation at time of pick-up (schedule with receptionist)

*I accept and agree to the terms written above.*

\_\_\_\_\_  
Owner/ Responsible Party