

**Boarding Admission Form
Nippers Corner Pet Medical Center**

Client's Name _____ Date _____ Pick-up Date _____

Pet's Name _____ DOB _____ Breed _____ Sex _____ Color _____

Is your pet on heartworm preventative? Y N

Is your pet on flea & tick preventative? Y N Refill needed? Y N

Has your pet had a fecal exam for intestinal parasites in the last 6 months? Y N

Has your pet had any vomiting, coughing, sneezing, or diarrhea recently? Y N

Has your pet had any injury or illness in the last 30 days? Y N

Is your pet currently on medication? Y N If yes, please list _____

When did you give last dose of medication? _____

How much & how often are you giving it? _____

If flea evidence is present, I understand that a Capstar will be given to my pet upon admission at a charge of \$6.

Optional services available at additional charge:

Dismissal bath Y or N Groom Y or N

Nail trim Y or N

Ear cleaning Y or N

Anal glands expressed Y or N

Brush teeth Y or N or Dental Cleaning with ANESTHESIA Y N

Medication Administration Y or N _____ Times per day

If any health concern or problem arises or develops during my pet's stay:

Check one-

_____ Please treat my pet as required, you need not call me.

_____ Perform only emergency and supportive care, notify me for any other treatment.

_____ Do not perform any diagnostics and/or treatment until I am notified and consent to the recommended treatment.

Please initial at the end of each paragraph:

I understand that any problem that arises with my pet will be treated as I indicated above and I will be held responsible for any charges incurred through such treatment. _____

I will call if my pick up date changes so the clinic can plan accordingly. If I neglect to pick up my pet within 5 days of the scheduled date without notification, I understand my pet will be assumed abandoned and authorize the clinic to dispose of my pet as they deem best/necessary. _____

Abandonment does not release me of my obligation for the bill. I further agree that in the case of non payment, a finance charge of 1.75% per month (21% per year) will be charged and that any collection or attorney fees will be paid by me. _____

OVER

I understand the clinic is not responsible for loss or damage to personal items left with the pet, including, but not limited to leashes, collars, toys, and bedding. _____

If my pet becomes anxious, aggressive or barks excessively I give consent to Nippers Corner Pet Medical Center to give my pet a sedative (pill) or a homeopathic remedy (Rescue Remedy – a liquid) to calm my pet at a charge of \$4.50 per dose. _____

Belongings to return home with my pet:

- () food _____
- () toys _____
- () bedding _____
- () other _____

Owner release

I understand you cannot guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as, but not limited to, weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal or external parasites or will be treated on entry or discovery at the owner/agent's expense. I understand in the event of an illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options. If I, or my agent, cannot be immediately contacted, I authorize the clinic to initiate proper treatment.

Date: _____ **Owner/Agent:** _____

Responsible party to be reached in an emergency:

Name: _____ Phone number: _____

For additional boarding dates I agree to above terms as evidenced below by my signature.

Date: _____ **Owner/Agent:** _____

Date: _____ **Owner/Agent:** _____

Date: _____ **Owner/Agent:** _____