PET	CLI	ENT		-							
	ATION AND CONSENT FO										
BOARDING From: To:	PHONE : At what number(s) can we reach you or a family member during your pet's stay? For whom should we ask at each of these numbers?										
Pets receiving vaccin	nations must have a physical e										
Use your p	problem that comes up, even rofessional judgment and do what uss recommendations and cost. cify)		" as diarrl	nea, how	do you wa	ant us to respond					
•	l, leave an EMERGENCY NUME		for us to	contact.							
DIET & FEEDING What and how much o	do you usually feed your pet?	medication charge to a or give injection you brought to	ITEMS YOU BROUGHT								
What food or treats did	d you bring?	Medicine	How many	How often	Last given						
	ur pets' special diet, your bill or the food if we can acquire it; stitute a hospital diet.				000000000000000000000000000000000000000						
Any food allergies? (T	reats we should NOT give)				0000						
cage, your pets (espec	RE GOING HOME go home clean. After several day itially the dogs) may lose their sw uced cost of \$22. Cats rarely ne	eet smell and sp	iffy haircoa								
Do you want your pet t	o have a bath? (Circle one) \varkappa o have a nail trim? Cost is \$7. (C	ES ONLY IF N	EEDED	NO							
	S: A complete (\$49.50) exam fee	,		uation is	needed.						
Dogs need: (Cats need: (If vaccinations are new Vaccination is require	(AMINATIONS our staff and all hospitalized 1) Distemper and Parvovirus 1) Distemper/Respiratory and eeded, a physical examination ed. This is essential whether it I examination. The examination	combination, (2 I (2) Rabies. n to establish th t's annual boos	2) Rabies he health ters or th	and (3) I of each p	Bordetella bet and the	eir suitability for					
Estimated Pick-u		and Relea		Pick-up	Date						

NO RELEASES OTHER THAN OPEN HOURS: BY 6 p.m. Mon-Fri and by 1 p.m. Sat. NO EXCEPTIONS.

I (signature)____authorize the above procedures and choices. Date____

Owner									am pm	WT						
Pet Name				Discharge date				am								
									pm							
Species		Se	ex	E	Breed				Color							
	F	eeding I	Direc	tior	าร		Spe	cial Instr	uctions							_
Quantity: _																
Туре:																
Other:					ı	BATH?	NO	ΥE	S	DATE						
Drug Name			[Oosage Number			of Ti	mes			Source					
1.							BID	SID	EOD	OTH	ER		Owr	ner	NWAH	
2.							BID	SID	EOD	ОТН	ER		Owr	ner	NWAH	
3.							BID	SID	EOD	ОТН	ER		Owr	ner	NWAH	
4.							BID	SID	EOD	ОТН	ER		Owr	ner	NWAH	
DATE	INITIAL		APPE	TIT	E	B.M.		UR	INE	М	EDS		ANY ISS	UES?		_
					NONE NORI	М		NORM	1	. 2						
	AM	NPO	G	F	NONE	DIAH			ORM	3						
	DA 4	NDO	_	_	NONE	NONE NORI	M		NORM	1						
	PM	NPO	G	F	NONE	DIAH NONE NORI	М		ORM NORM	3						_
AM PM	NPO	G	F	NONE	DIAH	`		ORM		4						
	1110		•	HOILE	NONE NORI	М		NORM	1						_	
	NPO	G	F	NONE	DIAH			ORM	3	4						
AM N					NONE NORI	М		NORM	1							
	NPO	G	F	NONE	DIAH NONE NORI	N 4		ORM NORM	3	2						
PM	NPO	G	F	NONE	DIAH	VI		ORM	3							
	NPO	<u> </u>		NONL	NONE NORI	М		NORM	1						_	
AM PM		NPO	G	F	NONE	DIAH			ORM	3						
						NONE NORI	М	NONE	NORM	1	. 2					_
		NPO	G	F	NONE	DIAH			ORM	3						
		NDO	_	_	NONE	NONE NORI	M		NORM		. 2					
AM PM		NPO	G	F	NONE	DIAH NONE NORI	м		ORM NORM	1	2					_
		NPO	G	F	NONE	DIAH	.		ORM		4					
					NONE NORI	М		NORM		2					_	
	AM	NPO	G	F	NONE	DIAH			ORM		4					
						NONE NORI	М		NORM		. 2					
	PM	NPO	G	F	NONE	DIAH NONE NORI	M		ORM NORM	3	2					_
	AM	NPO	G	F	NONE	DIAH	v'		ORM	3						
	7 (17)	1110		•	HOILE	NONE NORI	М		NORM	1						_
	PM	NPO	G	F	NONE	DIAH			ORM	3	4					
					NONE NORI	М		NORM	1							
	AM	NPO	G	F	NONE	DIAH NONE NORI	\		ORM NORM	3						_
	PM	NPO	G	F	NONE	DIAH	VI		ORM		4					
	F IVI	NFO	0	-	NONL	NONE NORI	М		NORM	_	2					_
	AM	NPO	G	F	NONE	DIAH			ORM		4					
AIVI		1110		•	ITOITE	NONE NORI	м		NORM	_	. 2					_
	PM	NPO	G	F	NONE	DIAH			ORM		4					
			-			NONE NORI	М		NORM	_	. 2					_
AM	NPO	G	F	NONE	DIAH		ABN	ORM	3	4						
						NONE NORI	М	NONE	NORM	1	. 2					_
	PM	NPO	G	F	NONE	DIAH		ABN	ORM	3	4					