ROSS HOSPITAL FOR ANIMALS

880 West Long Lake Road • Bloomfield Hills, MI 48302
Telephone: (248) 642-2050

Boarding Contract

Admission Date: _____

Pick-up Date: _____

Pet(s) Name: 1. _____2. _____3. _____

❑ I would like my pet checked for the following problems:

1. _____
2. _____
3. _____

(I understand that there will be additional charges for this service)

❑ I am providing medications to be given to my pet.

❑ I am providing my petes) food.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

If your pet has been vaccinated elsewhere, you must provide written documentation.

Due to the risks associated with taking my pet outside, I release Ross Hospital for Animals from liability while my pet is outside the building. I authorize Ross Hospital for Animals to provide whatever treatment is necessary should an illness or emergency situation arise. Pets are released only during regular office hours. I will notify the hospital if I cannot pick up my pet on the above date.

Signature: _____ Emergency Phone: _____

Local party (if unable to reach you):

Name: _____ Phone: _____

Friend or relative authorized to pick-up your pet: _____