Blackman Animal Clinic

2300 Wildwood Ave Jackson, MI 49202 517-784-8457



Timothy J. Halstead DVM Christi A. Sosinski DVM Jason T. Galicki DVM Susanna Rori DVM

Boarding Check in Form

We require the following information in order to help us care for your pet while he/she stays with us. If you feel that we need any additional information, please let us know.

Owner sitanic		Pets(s)		
Arrival Date:	_Departure date:			
EMERGENCY PHON	E NUMBER			
Other Person(s) authorized	ed to pick up:			
Vaccinations				
		R CARE, WE REQUIRE THA		
		ile here or verified with a c		
		ate your pet within 24 hour	s of admission, at the	owner's
expense. (Prices subject	to change without notice.)			
Dogs- Distemper/Parvo (\$52.14)		Cats- Distemper/Calici/Rhino (\$52.14)		
Rabies (\$24.37) Bordetella (\$24.37)		Rabies (\$24.37)		
or injured. Animals that	do become sick or injured	nade to contact the owner is while boarding with us (incover's expense. The own	cluding stress related i	illnesses
or injured. Animals that esuch as coughs and diarresuch illnesses or injury. If my pet becomes ill and be spent in the diagnosis DISRUPTIVE/ANXIOU require a mild antianxiet MEDICAL CONDITION	do become sick or injured theas) will be treated at the destensive diagnostics are and treatment of my pet. S ANIMALS: Some animaly medication given at the I was be informed a provide a new prescription	while boarding with us (incommer's expense. The own considered necessary, I autifultials) als become anxious or disruder.'s discretion at the owner of any medical conditions you (at our normal cost) if you	cluding stress related in assumes all liability thorize up to \$	illnesses y for
or injured. Animals that a such as coughs and diarresuch illnesses or injury. If my pet becomes ill and be spent in the diagnosis DISRUPTIVE/ANXIOU require a mild antianxiet MEDICAL CONDITION use your medications or Medication	do become sick or injured theas) will be treated at the destensive diagnostics are and treatment of my pet. S ANIMALS: Some animaly medication given at the I was be informed a provide a new prescription	while boarding with us (incommer's expense. The own considered necessary, I autinitials) als become anxious or disruptive discretion at the owner of any medical conditions y	cluding stress related in assumes all liability thorize up to \$	illnesses y for and
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RATES: All prices are per day for each animal. There will be no discounts for multiple animals in same cage/run or providing your own food. (Prices subject to change without notice.)

Dogs: - \$25.36 **Cats:** - \$22.06

IF YOUR PET HAS FLEAS, THEY WILL BE TREATED WITH A CAPSTAR TABLET AT A COST OF \$5.90.

FEEDING: All animals will be fed Iams Low Residue food (canned and dry) twice a day; or you may provide your own food. Please provide feeding instructions below.

() House Food	() Own Food					
Feeding Instructions:	Pet's Name	Pet's Name	Pet's Name			
	Amount Am	_ Amount Am	Amount Am			
	Amount Noon	_ Amount Noon	Amount Noon			
		Amount Pm	Amount Pm			
Special Requirements	:					
<u> </u>						
We strongly suggest you do not leave any personal items such as bedding, blankets, or toys as we cannot be responsible for these items safe return. We have many blankets and toys that we provide.						
Boarding pets are discharged during regular business hours only. M-F 8:00 am-6:00pm and Sat. 8:00am-Noon. No Sunday discharges. (Office is closed between Noon and 2:00 on Mondays)						
Please note that payment is due in full at the time the pet is released. If you have another party picking up your pet, please make arrangements for payment with the other party prior to dropping off for boarding.						
I understand that Blackman Animal Clinic is a veterinary hospital and not a boarding facility. As such, I am aware that animals who are boarding are NOT separated from hospitalized patients.						
I have read and understand this boarding contract and agree to the terms indicated above.						
Signature		Date				