Forney Animal Hospital

PET MOTEL BOARDING FORM

Owner's Name: _____ **Pet's Name:** _____

Pet's Name: _____

Arrival Date: _____ **Pick Up Date:** _____ **Time:** _____

Prescription Diet/ Medications pet brought to make his/her stay pleasant:_____

_____

PLEASE INITIAL

____ **I hereby authorize Forney Animal Hospital to administer the following treatment during my absence:**

_____

____ **The last date of vaccination was _____. I understand that if these are due, they will be administered during my pet(s) stay at my expense. I further understand that if external or internal parasites (fleas, ticks, and worms) are present, the Doctor(s) will treat the parasites with the charges being added to my final bill.**

____ **If I am unable to pick up my pet(s), I hereby authorize _____ to do so.**

____ **I hereby authorize the Doctor(s) at Forney Animal Hospital to administer any care needed in the case of an emergency. I also authorize the Doctor(s) to administer sedation if needed in the care of my pet(s).**

____ **I understand that if I neglect to pick up my pet(s) within 10 days of the expected pick up date, it will be assumed that abandonment has occurred and my pet(s) will be placed in a new home or disposed of as necessary.**

____ **I understand that Forney Animal Hospital and its employees are not responsible for any lost or consumed items (including toys, leashes, collars, bedding, etc.) during my pets stay here at Forney Animal Hospital.**

____ **I UNDERSTAND THAT MY PET(S) MAY BE PICKED UP DURING OFFICE HOURS ONLY AND THAT PAYMENT WILL BE DUE AT THAT TIME FOR ALL SERVICES RENDERED.**

_____ _____

Signature **Date**

_____

Phone # where you may be reached

****IMPORTANT**- Forney Animal Clinic is *CLOSED* EVERY Tuesday from 12pm-2pm for a meeting. Please make appropriate pickup arrangements for your pet if this day applies.**

PE_____