



NIPPERS CORNER
PET MEDICAL CENTER
5714 Edmondson Pike, 3A
Nashville, TN 37211
615-833-7387

www.nipperscornerpetmed.com

Pet:

Owner:

Address:

Client:

DEPARTURE DATE:

Phone: Cell: Circle One # or Best Contact Number:

Emergency Contact:

Emergency Phone:

Vaccinations & Reminders: Bring updated records with you if done by other hospital

Other Pets boarding at this time:

Would your pets like to board Together Separately (This is only with your permission)

Boarding Release:

In the event my pet becomes ill while staying at Nipper Corner Pet Medical Center, I authorize the attending veterinarian to administer treatment as is considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency nature.

I authorize up to (check on and indicate amount) \$, \$100, \$200. Unlimited, In medical care of my pet(s) until someone can be reached.

- I agree to pay for any and all vaccinations that are deemed necessary for my pets stay.
If a medical problem is discovered during my pets stay, I understand that care will be provided by Nippers Corner Pet Medical Center and agree to pay for all necessary treatment.
I agree to pay for flea treatment if fleas or flea dirt are found on my pet on admission or during my pets stay.
I understand that boarding rates are charged by the night.
I agree to pay in full for all services rendered at the time of discharge.
I understand that there are no pick-ups outside of the Normal Business hours.

My signature on this form will stay active for one year from date of this original form. I have viewed and accepted that the information on <animal> is correct.

Owner/Agent Signature Date

Medications and Additional services:

Client Last Name: <client> Patient: <animal>

Food:

Owners, Clinic Amount? _____ How often? AM, PM

Medications:

No Medication Brought Medication

Administer Clinic Medication _____ (Please Explain)

I administered this morning's medications before arrival

Please List All Medications (Circle AM or PM or both):

1) _____ AM/PM 4) _____ AM/PM

2) _____ AM/PM 5) _____ AM/PM

3) _____ AM/PM 6) _____ AM/PM

Optional services additional charge:

Dismissal Bath: Y/ N OR Groom (Haircut): Y/ N

Nail trim: Y/ N OR Nail dremmel: Y/ N

Ear cleaning: Y/ N

Anal glands expressed: Y/ N

Brush teeth: Y/ N