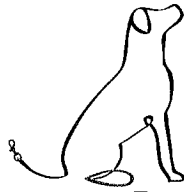


info@friendship.vet
www.friendship.vet



Friendship

VETERINARY HOSPITAL

P. 850.862.9813
F. 850.862.3035
623 North Beal Parkway
Fort Walton Beach, FL 32548

BOARDING AND BATHING INFORMATION

This information must be filled out before leaving an animal for boarding or bathing. Providing our doctors with correct and current information allows them to have knowledge about your pet's current health. Due to our patients not being able to speak, we rely on those who are with them daily to provide us information to ensure the correct diagnostic tests are performed to identify your pet's condition and the appropriate treatment is received.

Pet _____ Owner _____ Date _____

Any concerns that need to be addressed by the doctor today? _____

List any pre existing medical conditions? _____

Please list current medications and if refills are requested:

Vaccinations must be current to leave your pet with us, unless approved by a doctor. If not vaccinated at this hospital, proof of vaccinations must be provided.

Please circle approved or declined for the following:

Procedures to be performed today:

EXAMINATION	\$43 - \$45	APPROVED	DECLINED (Required with vaccines)
RCP	\$21	APPROVED	DECLINED (Required to leave pet)
FELINE RABIES 1 YEAR	\$21	APPROVED	DECLINED (Required to leave pet)
INTESTINAL PARASITE SCREEN	\$18	APPROVED	DECLINED (Recommended annually)
FELINE LEUK/FIV TEST	\$44	APPROVED	DECLINED (Recommendation depends on exposure)
WELLNESS BLOOD WORK	\$59	APPROVED	DECLINED (Recommended annually)
SENIOR BLOOD WORK	\$98	APPROVED	DECLINED (Recommended (biannually))
Treatment and Medication if necessary		APPROVED	DECLINED – UP TO \$ _____ Limit

SIGNATURE _____ PHONE# _____

By signing, I am leaving my pet with the doctors at Friendship Veterinary Hospital. I agree that the information provided is correct to the best of my ability. The doctors may perform diagnostic procedures according to those marked above.

If you have any questions or concerns please let us know.