



4680 Valleydale Rd
Birmingham, AL 35242
www.valleydaleanimalclinic.com

Pet: _____

Client:

Client: _____

Address:

City, State, Zip:

Phone: () - Cell: () - Best Contact Number:

Emergency Contact: _____

Emergency Phone: _____

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 Valleydale Animal Clinic, 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 understand that the Doctors or Staff of Valleydale Animal Clinic will make every effort to contact me prior to any treatment or medication over a cost of \$100.00 and or surgical care of major medical emergency.

- 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 Valleydale Animal Clinic 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. An additional 10 dollars will be charged for pick-up on Sunday.
- 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 is correct.

Owner/Agent Signature _____ Date _____

Name: _____ Breed: _____ Sex: _____ Age: _____

Drop off date: _____ Pick up date: _____ a.m. ___ p.m. ___

Boarding info:

Brought items: _____

Clinic Diet Owner's Diet _____ Food Allergies _____

Carrier _____

Medications:

No medication Brought Medication Administer Clinic Medication

I administered this mornings/today's medications before arrival

List of medications: 1) _____ AM/PM 2) _____ AM/PM

3) _____ AM/PM 4) _____ AM/PM

5) _____ AM/PM 6) _____ AM/PM

Services Requested while boarding:

Check each item to be done

___ Nail Trim ___ Express Anal Glands ___ Ear Cleaning

___ Bathing (includes Nail Trim, Anal Glands, and Ear cleaning)

***Special bath pricing available for dogs boarding for 5 or more nights. See our website for details.**

___ Grooming - when: _____

___ Medical: _____

Information about your pet:

Eat toys or bedding ___ Fearful of storms/ Fireworks ___ Dog Aggressive ___

Other Pets boarding at this time: _____

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

Please initial that the information above is correct _____

Emergency Contact Number: _____

(this needs to be another contact than the ones we currently have on your chart)