

Healthy Pet Veterinary Clinic-Boarding Admission Form

Pet Name: _____ Owner Name: _____

Check in Date: _____ Check Out Date: _____

Items Brought With Pet: (Please give detailed descriptions)

Leash: _____ Bedding/Other _____

Carrier: _____

HPVC is not responsible if your bedding is damaged or lost in the event it needs to be cleaned.

Medication/Suppliments: _____

There is a per-day fee for giving your pet medications or suppliments

Frequency: _____

Last Given: _____

Feeding: Once a day _____ Twice a day _____ Free Choice _____

Describe your feeding routine: _____

When did your pet last eat? _____

Ferrets/Small Mammals - Does your pet drink out of a water bottle? _____ or Water Bowl: _____

Will you allow our staff to take a photo of your pet for our in-clinic software? YES NO

Will you allow us to post your pet's photo on our Facebook page? YES NO

Please provide an email address if you would like us to email you a photo of your pet while you are away:

We cannot guarantee the frequency or number of photos that we can send.

Please Perform the Following: (Extra Fees Apply)

Feline Distemper Vaccine ___ Rabies Vaccine ___ Feline Leukemia Vaccine ___

Place Microchip ___ Fecal Parasite Check ___ Brush fur ___

Clip and Brush Out Matted Fur ___ Nail Trim ___ Other _____

Clinic Use:

Admitting Staff initials: _____

Weight of animal at admittance: _____ pounds/ounces/grams

Weight of animal at discharge: _____ pounds/ounces/grams

Proof of vaccination received (if not a regular client)? Yes () No () N/A ()

Releasing staff initials: _____

Boarding Consent Form

Thank you for your allowing us to care for your pet. While you are away, we need you to agree to the following conditions concerning your pet while they are in our care.

I am the owner/guardian of the pet to be boarded with Healthy Pet Veterinary Clinic. To my knowledge, my pet is free of external parasites (fleas/ticks) as well as internal parasites. If the presence of external or internal parasites is determined, I understand that my pet(s) will be treated by Healthy Pet Veterinary Clinic at my expense. I will also be responsible for any additional costs that the clinic may incur while ridding the premises of infestations from parasites that are attributed to my pet.

In case of illness or injury, I give my consent for Dr. Carla D Christman, DVM, any associate veterinarians and/or clinic staff to treat, prescribe medication for, or provide necessary surgical services to my pet(s). If any treatments are needed for whatever reason, clinic staff will make every effort to contact the owner on record. It is understood that the staff of Healthy Pet Veterinary Clinic will act in the best interest of my pet's health and welfare. The doctors and staff will take all possible precautions against illness, injury, or escape of my pet(s) however should the unforeseen arise, Healthy Pet Veterinary Clinic will not be held liable or responsible.

I understand that there is not a 24 hour attendant on duty. I understand that my pet(s) will be cared for each and every day and I understand that I assume all risks if an unforeseen incident should occur while there is not an attendant in the clinic.

I understand that there will be an additional charge for medication that needs to be given or force feeding that needs to be done during my animal(s) stay.

Should the circumstance arise that my pet(s) remains unclaimed after the date that I have stated as a pick up date, I understand that a written notice will be mailed to the address below. Seven days after such notice is mailed, the pet(s) will be considered abandoned and turned over to the Dane County Humane Society. It is further understood that such action will not relieve me from paying all costs for the services and use of the clinic, including boarding service if my pet(s) are deemed abandoned.

I HAVE READ THE FORGOING AND AGREE.

Signature of Owner

Date

Owner or Emergency Contact Name and Number

Pick Up Date

Owner's Home Address