

BOARDING ADMIT FORM
COWTOWN ANIMAL HOSPITAL

OWNER: _____ **PET:** _____

BREED: _____ **COLOR:** _____ **SEX:** _____ **AGE:** _____

PERSONAL ITEMS: _____

SPECIAL INSTRUCTIONS: _____

WORK TO BE DONE

- EXAM _____
- VACCINES _____

- FECAL _____
- HW TEST _____
- FELK/FIV/HW _____
- BLOODWORK _____
- BATH _____
- NAIL TRIM _____
- ANAL SACS _____
- MICROCHIP _____
- MEDICATION _____

- PREVENTION _____
TYPE _____
DATE _____
- OTHER _____

I am the owner of the above-named pet(s) or am the authorized agent of the owner.

I understand that all animals being admitted **MUST BE CURRENT ON VACCINATIONS AND FREE OF EXTERNAL PARASITES** or they will be treated at the owner's expense.

I authorize boarding of the above-named pet(s) and the procedures that are checked on this form and such additional procedures that are considered therapeutic and/or diagnostically necessary based on findings during the course of said evaluation.

I also authorize the veterinarian to do whatever is necessary should an emergency arise with my pet until an owner or authorized agent is contacted.

If requested, pet(s) will receive a bath, pedicure and ear cleaning at the end of their stay at an additional charge. This will require a later pick-up time. Other special requests for pick-ups must be arranged with management. There are no discharges on Sunday.

FULL PAYMENT IS DUE ON RELEASE OF PATIENT

In the event that it becomes necessary to collect fees through an attorney, then the client agrees to pay all reasonable attorney's fees and legal cost incurred in collecting these fees.

Signature: _____

Phone: _____

Emergency Contact: _____ **Phone:** _____

Date In: _____

Date Out: _____