

Boarding Drop Off Form:

Weight: _____

HEALTH ALERT _____

Drop off date/time: _____ Pick-up date/time: _____

Emergency Phone #1 _____ Name of Person: _____

Emergency Phone # 2 _____ Name of Person: _____

Food (circle) Pet's own food or Hospitals food

Type of food (if pets own) _____

Did your pet get fed today? Yes or No

Feeding (circle one) Once Morning Once Evening Twice Daily Free Choice Amount _____

If your pet is on any medication, please note the medication and the dosing instructions below:

Did you medicate your pet today? Yes or No

Type: _____ Frequency: _____

Type: _____ Frequency: _____

Type: _____ Frequency: _____

Pets Belongings: _____

Would you like The Waynesburg Animal Hospital to perform any services on your pet during his/her stay with us? (Appropriate fees will be charged, Pets must be current on Vaccines.)

Exam _____ Vaccines _____ Nail trim _____ Bath _____ Other _____

Medical Illness Policy

One of the benefits of boarding your pet(s) at a veterinary hospital attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency numbers listed above regarding your pet's condition, treatment options and an estimate of additional cost. If no one can be reached, please indicate your wishes below should your pet(s) require treatment.

_____ Perform all treatments necessary for my pet as deemed by a Dr.

_____ I authorized up to \$ _____ in medical care for my pet.

_____ Do not administer any medical treatment.

If parasites (fleas, ear mites, intestinal parasites, etc.) are found on your pet while visiting our facility, we will treat your pet with the necessary treatment at the owners expense for the protection of your pet and that of others in the hospital. By signing below, I have read and understand this agreement. I agree that the Waynesburg Animal Hospital shall not be held responsible for the loss of the patient due to unforeseen anesthetic or surgical complications, or the escape of a hyperactive animal. I accept full responsibility for the authorization and payment for services rendered.

Owner/Agent for pet(s)

Date