

**\*\*\*ALL AREAS MUST BE FILLED OUT\*\*\***

Name(s) of pet(s): \_\_\_\_\_

Date In: \_\_\_\_\_ am/pm Date out: \_\_\_\_\_ am/pm

\_\_\_\_\_(initial here) I acknowledge that I have received a copy of Priest Lake Veterinary Hospital, PLLC's boarding policies.

I authorize Priest Lake Veterinary Hospital, PLLC to board and care for my pet(s) named above. I understand that in case of emergency our doctors reserve the right to treat my pet at their discretion should they be unable to contact me. I assume responsibility for all charges incurred in the care of my pet.

I understand that payment in full is due at the time of discharge. Payment may be made with cash, check, Visa, Mastercard, or Discover.

Owner/Agent name (Print): \_\_\_\_\_

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner contact #1: \_\_\_\_\_

Owner contact #2: \_\_\_\_\_

Emergency name and contact # (friend/relative): \_\_\_\_\_

Please check any services that you would like to have us perform while your pet is being boarded:

\_\_\_\_\_ Dog Bath (fee according to the weight of your pet)

\_\_\_\_\_ Nail Trim

\_\_\_\_\_ Ear Cleansing/Flush

\_\_\_\_\_ Express Anal Glands

\_\_\_\_\_ ID Microchip (Home Again)

\_\_\_\_\_ Other veterinary service (please specify): \_\_\_\_\_

**Emergency Consent:**

Please initial one of the following:

\_\_\_\_\_ If any illness arises, please treat my pet as needed. I understand that I will be responsible for all charges.

\_\_\_\_\_ If any illness arises, please only provide emergency care to stabilize my pet, but call before any other treatment is given.

**Feeding Instructions:** \_\_\_\_\_

**Medications to be administered** (see boarding policies for medication administration fees) :

Medication                      Dose                      Frequency                      Next dose due

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_