



Owner's Name: _____ Date: _____ Time*: _____

Patient's Name: _____

Breed: _____ Color: _____

Pick-Up Date & Time*: _____

Emergency Contact (If other than the owner) _____ Phone: _____

Owner's number in the event of an emergency: _____

Current on vaccinations? Yes No Will Have Updated While Here

Diet:

Brand: _____ Amount: _____ Times: _____

Is your pet(s) on any daily medications? No Yes (If yes, please fill out the other side of the form)

Special Instructions: _____

Current Medical Conditions: _____

To protect all of our boarders, every pet must be current on vaccines.

Canine boarders: Rabies (1 or 3 year), Bordetella (6 mo. or year), DHPP (1 year), and K9 Influenza (1 year)

Feline boarders: Rabies (1 or 3 year) and FVRCP (once a year)

If your pet is not current on vaccines, we may require an examination (\$55) to vaccinate them at time of drop-off. Treatment will be administered to any pet showing excessive signs of external or internal parasites (fleas, intestinal worms, etc). Any additional charges for the vaccines or other procedures with be added to your discharge invoice.

- I understand, in the instance when a DVM is not on premises, one is on call while my pet is being monitored by the trained medical staff of AM/PM.

(Owner's Initials) _____

- Be aware, if while boarding a medical issue arises with your pet (i.e. diarrhea, vomiting, etc.) an exam (\$55) will be performed and we will attempt to contact you regarding our findings and recommended treatment. If unable to contact you, it will be up to the doctor on duty's discretion as to whether the treatment can be postponed until we can reach you. The exam fee and any charges incurred as a result of the medical issue will be added to your invoice at time of pick up.

(Owner's Initials) _____

- Would you allow us to place information and photos of your pet on Social Media? Yes No

Please initial one option only below:

In order to provide optimal care for your pet, we want to be prepared in the event of an unlikely emergency if your pet were to become critical. For that reason, we recommend you choose (initial) ONE of the following options:

- Perform CPR - including medications (~\$50-\$250)
- Aide humanely but do not use CPR. May include humane euthanasia if patient is suffering (~\$50-\$100)
- NO CPR, allow to pass naturally



Owner's Name: _____ Patient's Name: _____

				<i>AM/PM Use Only</i>	
	Medication Name	Directions For Use:	Time Last Given:	Check In	Check Out
1					
2					
3					
4					
5					

Boarding Fees:

Feline = \$25/Day Canine (<70 LBS) = \$32.50/day Canine (>70 LBS) = \$43/day
Boarding with Medications = An Additional \$9.50/day

One standard boarding day begins at noon on day one through 7pm on day two. If you drop off before noon or pick up after 7pm, there will be an additional day charge.

** If your pet is on a prescription diet and food is not provided by you, you will be charged the normal sale price on full bags or cans. You will be sent home with the remainder if any is left.

I understand that my animals will be housed in separate quarters, unless otherwise specifically requested by me and that reasonable precautions will be used to prevent injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop with my pet(s) and will be treated as deemed best by the staff of veterinarians and I assume full responsibility for the treatment expense incurred.

Signature of Owner/Responsible Party

Date