

Boarding Arrival Form

Pets Name _____
Arrival Date _____ Release date _____

* Pick up time is 10:00 am! Unless pet is being groomed, then we ask that you call before coming. *

Please Read and Sign

As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. Should injury or circumstance warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment, but will exercise the option to proceed if no one is available.

*****We are not responsible for any lost blankets or toys that may be left behind*****

Emergency Contact Name & Phone number: _____

*****Would you like your pet bathed/groomed before going home?*****

(Please Initial)

NO _____ YES _____ Cost: \$ _____

Signature _____ Date _____

NEW PET HISTORY
(please print)

Pets name: _____ Breed _____
Est. D.O.B : _____ Color/ Description : _____
Sex : M or F (circle one) Spayed / Neutered Y N (circle one)
Date of last Vaccines : _____ Type of Vaccines _____
Any known drug reactions _____
Reason for today's visit : _____

PLEASE READ:

We thank you for giving us the opportunity to serve you. In order to provide you with the best possible care for your pet(s), the following policies have been established. All hospital visits, except for emergencies, are by appointment only. Hospital hours are: 8am to 6pm Mon. thru Fri. and 8am to 12pm on Sat. After hours emergency care is not available here, but by calling the hospital you will be given the telephone number for the Dayton Emergency Clinic. Payment is required at the time services are rendered or upon discharge. A deposit will be required for any animal admitted to the hospital for emergency care, with the balance due at time of discharge. We always try to keep our costs at a minimum and still give the best care to your pet(s). If you have any special request on cost limitations or services, please let us know at time of admission. Otherwise, we will use our best judgment. Again thank you and please complete the remainder of this form.

PLEASE INITIAL AFTER YOU HAVE READ _____

CLIENT INFORMATION * REQUIRED FOR SERVICE

*FIRST NAME _____ M.I. _____ * LAST NAME _____ * PHONE _____
*ADDRESS _____ * CITY _____ * STATE _____ * ZIP _____

EMPLOYER'S NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ DRIVERS LICENSE # _____ (IN ORDER TO HAVE CHECK WRITING PRIVILEGES)

SPOUSE'S INFORMATION:

FIRST NAME _____ M.I. _____ LAST NAME _____
EMPLOYER'S NAME _____ PHONE _____

CELL PHONE _____

WE PREFER THAT ONE OF THE TWO PEOPLE LISTED ABOVE BRING THE PET(S) IN FOR SERVICES, AND/OR DROP OFF FOR BOARDING/SURGERY. IF THE NEED ARISES TO SEND SOMEONE ELSE (INCLUDING YOUR CHILDREN) WITH YOUR PET WE ASK THE FOLLOWING:

- CALL AHEAD AND LET US KNOW
- SEND A DETAILED NOTE ABOUT WHY THE PET IS HERE AND/OR ANYTHING YOU DO OR DO NOT WANT DONE.
- IF POSSIBLE, LEAVE A PHONE NUMBER FOR US TO REACH YOU IF WE HAVE ANY QUESTIONS.

PLEASE INITIAL AFTER YOU HAVE READ _____

HOW DID YOU HEAR ABOUT US? PHONE BOOK _____ DRIVING BY _____
NEIGHBOR/FRIEND _____
SO WE MAY THANK THEM PLEASE GIVE NAME /ADDRESS (IF KNOWN) _____
OR MENTIONING US!!) _____
THEIR PETS' NAME(S) _____