



PET NAME _____ DATE _____

BOARDING

My pet will be boarding until _____.

Boarding beyond one month requires payments in full on a monthly basis thereafter. Pets will be considered abandoned if payment or other financial arrangements are not made.

Client initials _____

All pets that have fleas will be treated at a cost of \$6.29

If medical problems develop while boarding, there will be additional charges for the treatments performed. Please initial next one of the following:

- You have my permission to proceed with necessary treatments without contact .._____
- Call first, and if unable to contact, proceed with treatment....._____

VACCINATIONS

As a way of protecting all of our boarders, we require all of the following vaccinations.

- DOGS – RABIES, DISTEMPER, PARVO, BORDETELLA**
- CATS – RABIES AND DISTEMPER**

My pet has been vaccinated for all of the above diseases within the last year. _____
My pet is not current on all vaccinations. Please vaccinate as needed. _____

SURGERY / ANESTHESIA

Please perform a dental on my pet while anesthetized. I understand there is an additional cost..Yes__No__

Please choose ONE of the following options:

- If there are any problems detected you have my permission to proceed without contact.._____
- If there are any problems detected call first, and if unable to contact proceed....._____
- If there are any problems detected do not proceed without my permission....._____

Please add a Microchip protection device while under anesthesia. (\$26.50).....Yes__No__.

OVERALL CONSENT

I certify that I am the owner of the above pet and do hereby give my consent and authorize Beechnut Animal Hospital, LLC and its staff to perform any procedures or treatments that the doctor deems necessary for health and safety of my pet while under their care and supervision. I do hereby release Beechnut Animal Hospital, LLC and its staff from any and all liability for performing the above-mentioned procedures.

I realize that I am responsible for payment in full for all treatments at the time that my pet is discharged. If I neglect to pick up my pet within 12 days of written notice that is ready for release and mailed to the given address, you are then authorized to dispose of my pet as you see fit. Abandonment does not release me from my obligations to pay the bill.

Owner's Signature _____ Date _____

Daytime/Emergency Phone _____

E-mail Address _____

Items dropped off with your pet.

Items to be returned at checkout

Items not necessary to return at checkout

Medications and Special Needs

Special diet required:

Type_____

Amount to feed and frequency_____

Treats to feed:

Type_____

Amount to feed and frequency_____

Medications Amount to Give Frequency

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Special Needs:
