

Cardinal Animal Hospital Boarding Admissions Form

Thank you for entrusting us with the care of your pet while you're away!

Owner's Name _____ Pet's _____ Date _____

Discharge Information:

1. Date and approximate time you would like to pick up your pet? _____
2. If any person other than a family member is going to pick up your pet please give us their name.

3. In case of an emergency, contact _____ Phone Number _____

Additional "Special Services" Available For Your Pet

- Nail Trim** (\$13.50 for regular, \$15.55 for Dremel)
- Bath or Professional Groom** (Price is based on weight of pet)
- Tender Loving Care Package** _____ days
The cost is an additional \$8.50 per day. The package includes: daily play sessions, daily brushings, two extra hand walks, special dietary needs, and extra tender loving care.
- Administering Medications** (The cost is an additional \$5.50 per day)

Feeding Instructions:

- In-house Food
 - Own Food
- How Much: _____
- How Often: _____

****Special Handling of Aggressive Pets or Pets with Extraordinary Problems \$5.00 - \$10.00 per day**

Medication my pet needs while boarding	Dosage Amount	Time medication was last given

Medical Treatment: While your pet is staying with us we strive to keep everyone happy and healthy. However, unforeseen circumstances that are beyond our control sometimes do occur. You can rest assured that we will treat any medical illnesses or injuries as they arise. With any serious emergencies we will make every effort to contact you. Any expenses incurred for these treatments will be the responsibility of the pet owner.

PLEASE INITIAL ONE OF THE FOLLOWING:

*I give permission for the doctors and staff at Cardinal Animal Hospital to treat my pet if an illness, injury, or serious medical emergency occurs and can begin treatment even if I cannot be reached at the phone numbers I have left. I will be responsible for all costs and understand that C.A.H. will treat as the doctors deem medically necessary. **Any procedures/treatment requiring recheck exams, re-suture, or re-bandaging will have additional charges. The costs of these additional services are my responsibility and are due at the time of service. _____ Initials

*I do not give permission for the doctors or staff at Cardinal Animal Hospital to treat my pet under any circumstance if an illness, injury or serious medical emergency occurs, even if they feel it is a life-threatening situation. I want to be spoken to prior to ANY treatment given to my pet and will not hold C.A.H. responsible for any result that may occur in not treating my pet. _____ Initials

Owner's Signature _____ Date _____

DO WE HAVE PERMISSION TO PHOTOGRAPH YOUR PET AND POST PHOTOS ON OUR SOCIAL MEDIA WHILE YOUR PET IS BOARDING? (Circle one) YES NO