

ANIMAL HOSPITAL AT GRAYHAWK
Boarding Information Form

Check-in Date _____ Check-out Date _____ AM PM (circle one)
Name: _____ Pet's Name(s) _____
I can be reached at this phone number _____
Emergency Contact Name _____ Emergency Phone _____

Feeding Instructions

I brought my pet's food: Yes No Brand of food _____
My pet eats _____ times per day. He/she gets _____ cup(s) and/or _____ can(s) per meal.
Special feeding instructions _____

My pet(s) are on medications YES ___ NO ___ NAME(S) OF PET ON MEDICATION _____

List of all medications: _____

There is a medication administration fee of \$2.50(per medication, per dose)

Items Left with my pet(s)

Collar ___ Leash ___ Bed ___ Blanket ___ Toys ___ Other _____
We are not responsible for and will not replace any items destroyed or misplaced.

Elective Services:

- Basic Bath (\$25.00)
- Extra walk (\$5.50 per day)
- Professional grooming is by appointment only**
- Nail Trim (\$12 - \$15)
- Play session (\$8 per day) Max. # per stay _____
- Bully Stick (\$4 - \$11)
- Alone
- Frozen KONG with yogurt & peanut butter (\$3.00)
- With other dogs of similar size/temperament

Medical services to be performed while in our care:

- Update vaccines
- Check vaccine history at _____ (animal hospital name)
- Frontline(flea & tick preventive) \$19 to \$25 dollars per dose
- Home Again microchip (\$50)

Do your pet(s) have any MAJOR medical conditions that we are unaware of: YES ___ NO ___

If YES, list: _____

If any problem or emergency develops and it is necessary to treat your pet, please indicate your preference:

_____ **TREAT AS NEEDED. I DO NOT NEED TO BE CONTACTED**

_____ Transfer to Emergency Animal Clinic, at my expense, if deemed medically necessary

_____ Perform only emergency and supportive care. Notify me for permission to begin any other treatment.

_____ Do not perform any treatment until I am notified and consent to treat. **I understand that my pet's health may be at risk until I give verbal consent.**

I am the owner/agent of the animal described above, and certify the above information to be accurate. I absolve and release Animal Hospital at Grayhawk from any loss, expense or liability arising from the performance of any services provided. I understand that if my pet(s) are not current on any required vaccinations that they will be administered at regular hospital fees. *I understand that Animal Hospital at Grayhawk is not staffed outside of regular business hours.* _____ Initials

I accept all financial responsibility for the procedures listed above and understand that these fees must be paid at the time my pet is released.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Signature _____ Date _____