

**BOARDING ADMISSION FORM**

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBER: \_\_\_\_\_

DATE & TIME OF PICKUP: \_\_\_\_\_

**Boarding Rates Are Determined By Animal Species & Weight . . .**

**These Rates DO NOT Include Medical Care . . .**

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SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_

Bathing (there is a charge for this) - please check one:

I request a bath\_\_\_\_\_ Please bathe only if they become soiled\_\_\_\_\_ Do not bathe\_\_\_\_\_

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PLEASE READ THE FOLLOWING BEFORE SIGNING:

- If tranquilization / sedation is necessary for treatment or handling of my pet, I give my permission to Montgomery Animal Hospital to administer such medication(s). I understand that there is a charge for such medications.

- All Animals entering Montgomery Animal Hospital MUST be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at the owner's expense.

- I authorize Montgomery Animal Hospital to treat my animal should he or she become sick while boarding and I agree to pay for all exams and treatment services rendered.

- I agree to contact Montgomery Animal Hospital if I am unable to pick up my pet as scheduled.

- I agree to pay in full for all services rendered by Montgomery Animal Hospital and to pay for those services at the time of discharge.

- PETS ARE RELEASED ONLY DURING REGULAR HOSPITAL HOURS. If I neglect to pick up my pet within 10 days of the scheduled date, Montgomery Animal Hospital may assume that my pet has been abandoned and may arrange for disposal of my pet in any way deemed necessary. Should I abandon my pet, I understand that I am liable for all charges incurred, that I will be reported to the authorities, and that I may be subject to prosecution.

- I understand that DISCHARGE TIME IS 9 AM and that an additional day of boarding will be assessed for all animals picked up after that time.

SIGNED: \_\_\_\_\_ (Owner or Authorized Agent)

**IMPORTANT!**

WE ARE NOT RESPONSIBLE FOR ANY ITEMS BROUGHT THAT ARE NOT LISTED BELOW.

**Feeding Instructions / Belongings to go back home**

If your pet is spending one or more nights in our hospital for boarding, surgery, medical reasons, etc. please (A) indicate your feeding instructions and (B) list any items brought to us that are to be given back to you at discharge.

OWNER'S NAME \_\_\_\_\_

PET'S NAME \_\_\_\_\_

DATE AND TIME OF PICKUP \_\_\_\_\_

We feed Purina EN Gastroenteric Canine Formula and Purina Cat Chow. Please put a checkmark below to indicate your preference:

Dry Only     Canned Only     Both Dry & Canned     Owner Supplied

Morning     Evening     Both Morning and Evening

How much do you feed your pet per meal? \_\_\_\_\_

\_\_\_\_\_

Does your pet have any allergies or food restrictions? \_\_\_\_\_

**MEDICATIONS AND OTHER ITEMS**

MEDICATIONS BROUGHT FROM HOME:      Pet's Name \_\_\_\_\_

Name of Medication	Strength	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER ITEMS BROUGHT FROM HOME - PLEASE LIST BELOW:

**Note:** We provide blankets for runs & cages, toys and treats. It's not necessary to bring these items.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Check here if nothing was brought \_\_\_\_\_