



BOARDING ADMISSION FORM

Today's Date: ____ / ____ / ____

To be filled out by the owner and used in case their pet(s) needs emergency care at Pine Animal Hospital, while the pet(s) are in the care of another person.

Owner/Caregiver: Mrs. _____ Mr. _____ Ms. _____ Dr. _____

First Name: _____ MI: _____ Last Name: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Driver's License or I. D. Card Number: _____ Expiration Date: _____

Admission Date: _____ **Expected Discharge Date:** _____

Contact Phone Number while your pet(s) are boarded at Pine Animal Hospital: _____

- All pets boarding must be current on vaccinations.
- If parasites are found on the pet(s) during the stay, they will be treated as **Pine Animal Hospital** determines, and the cost of the treatments will be added to the total bill.
- If the pet(s) must be separated from the general population and put in quarantine, added charges for quarantine procedures will be added to the total bill.
- If the pet(s) is/are found to be aggressive and dangerous to the staff or other animals, all additional charges will be added to the total bill.
- If the pet(s) is/are to be picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill.

Owners Agent's Name: _____

- All reasonable precautions will be used to prevent injury and escape of the pet(s). **Pine Animal Hospital** is not responsible for the actions of the pet(s) that may cause injury and escape.
- All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. **Pine Animal Hospital** is given authorization to dispose of the pet(s) as they deem best, including euthanasia if necessary (putting to sleep).

PET INFORMATION

Name: _____ Age/Birthday: _____ Male Female

Species (cat, dog, etc.) _____ Breed _____ Color _____

Spayed/neutered? Yes No

Does your pet have allergies? Yes No

Has your pet ever had a reaction to vaccines or medications? Yes No If yes, what? _____

List any major illnesses and/or surgeries your pet has had: _____

PLEASE CHOOSE ONE OF THE OPTIONS BELOW

Regarding the treatment of my pet during its stay:

- Please use the food provided by Pine Animal Hospital.
***I acknowledge that there will be an additional daily fee per food provided by PAH.**
- Please feed the food that I have provided at the following amounts:

_____ **Cans/Cups** _____ **Times Per Day**
- Treat my pet as needed. Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).
- Treat my pet as needed, but not to exceed \$ _____.
I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I understand that if a veterinarian at Pine Animal Hospital or his/her agent(s) feel that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, a veterinarian at Pine Animal Hospital and his/her agent(s) are authorized to euthanize (put to sleep) my pet. I will be responsible for all charges accrued during that time period.
- Treat my pet as needed.
Do any and all diagnostic tests, treatments, and surgeries necessary. However, should the veterinarian determine that my pet require extensive measures to maintain life, I request that they euthanize (put to sleep) my pet. I understand the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet.

STATEMENT OF OWNERSHIP

I certify that I am the true owner and/or agent of the above animal(s), and have the authorization to consent to treatment if and when it is needed.

Signature: _____ Date: _____

FINANCES

I authorize the use of my card number to be used only while my pet(s) are boarding at **Pine Animal Hospital**, to pay for any medical expenses that my pet(s), listed above, may require. I am aware that my credit card number will be kept on file but will be stored in a private and confidential manner.

I authorize a maximum of \$ _____ to be used towards my pets care, at the **Pine Animal Hospital**.

Visa or MasterCard Number: _____ Exp. Date: _____

Security Code on Back of Card: _____

Name (as it appears on the card): _____

Cardholder's Signature: _____ Date: _____

