

BOARDING ADMISSION FORM
Bradley Veterinary Hospital

NOTE: Overnight boarders are available to go home after 9:00 am.

Pet's Name: _____ Date: _____

Client Name: _____ Account # _____

Home Telephone # _____ Work Telephone # _____

Name and number of responsible party to be reached in case of emergency while animal is being boarded: _____

Date of last vaccinations: _____

Clinic where vaccinations were given: _____

Date and time to be picked up (after 9:00 am): _____

INSTRUCTIONS:

Is your pet on any medication? _____ If so, please explain: _____

Preferred Diet (type, can or dry): _____

Vaccinations Needed: _____

Specific Exam Needed: _____

Bathing or Grooming Needed: _____

Permission to sedate if necessary: _____ Yes _____ No

NOTE! (ALL BATHING OR GROOMING MUST BE SCHEDULED IN ADVANCE OR AT DROP OFF AND YOU MUST NOTIFY THE TECHNICIAN AT THE TIME THE PET IS DROPPED OFF.)

Other: _____

- (1) If medications are necessary for treatment or handling, I give my permission to Bradley Veterinary Hospital to administer such medications.
- (2) I authorize Bradley Veterinary Hospital to perform any necessary treatment in case of illness or emergency and I understand that I am responsible for payment of such.
- (3) All animals entering the hospital must be up to date on their vaccinations and free from external parasites (fleas and ticks, etc.). Pets which have fleas or ticks will be treated while here and appropriate fees applied.
- (4) **Bradley Veterinary Hospital is not responsible for towels, blankets, toys or other articles left with your pet while boarding and which may become misplaced. It is recommended that you remove any collars and leashes as well.**
- (5) Payment is expected when services are rendered. In the case of default, the client will pay all costs of collection including attorney fees.

Signed: _____