

{FULLNAME} {NAME}

Medication:

Medical services and medication administration are provided by our trained medical staff for a daily fee of \$15.

Is your pet on medication? Yes ___ No ___ If yes, please provide information below:

Medication name: _____ **Strength (mg)** _____

Instructions: Give ___ tablet(s) or ___ mls (if liquid) Frequency : _____

Specific Time? _____ With food? Y N

Medication name: _____ **Strength (mg)** _____

Instructions: Give ___ tablet(s) or ___ mls (if liquid) Frequency : _____

Specific Time? _____ With food? Y N

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Instructions: Give ___ tablet(s) or ___ mls (if liquid) Frequency : _____

Specific Time? _____ With food? Y N

Medication name: _____ **Strength (mg)** _____

Instructions: Give ___ tablet(s) or ___ mls (if liquid) Frequency : _____

Specific Time? _____ With food? Y N

Please provide any helpful hints in giving medications:

Medical Treatment: We will always make every effort to contact you or your emergency contact to inform you of your pets medical situation may it arise. In the event that medical intervention AND / OR 24HR care is necessary - this includes injury, diabetic emergencies, cardio-pulmonary events, seizures, or any other condition that requires emergency care.

I understand that my pet will be transferred to the nearest 24hr hospital and I will be responsible for any charges incurred. **INITIAL** _____

Non-Emergency Care- medication, minor injury, gastro-intestinal upset (vomiting/ diarrhea), etc...

If your pet needs any additional medication or **non -emergent** medical treatment, please select one of the following:

_____ I allow up to \$ _____ .00, in addition to boarding costs, to treat my pet in the event I cannot be reached.

OR

_____ I **do not** want my pet treated unless I am contacted prior.

AND

_____ I understand that my pet is left unsupervised overnight and I will not hold Angel Animal Hospital responsible if any emergency occurs during night hours.

Emergency:

In the event of an emergency, should my pet named {NAME} require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic intervention,

I request (initial) _____ or decline (initial) _____ that the doctor(s) at Angel Animal Hospital pursue such medical care as indicated below. **I have been informed by Angel Animal Hospital that less than 5% of animals that require CPR will survive to be discharged from the hospital.** I understand that despite the best efforts of the veterinarians and staff at Angel Animal Hospital CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health and, thus, may leave him/her as an invalid. I understand Angel Animal Hospital is not a 24hr hospital, and if CPR is successful my pet will need to be transferred to a 24hr emergency hospital for further care. I understand that my pet will be left unsupervised overnight. I agree that after exercising reasonable medical judgment, and a veterinarian determines that there appears to be virtually no hope for medical success, further CPR procedures will cease.

I request CPR be performed on my pet, and allow my pet to be transferred to a 24hr hospital for continued monitoring

Owner's Signature _____

I **decline** CPR to be performed on my pet, and allow humane euthanasia

Owner's Signature _____

. {FULLNAME} {NAME}

BOARDING POLICIES- Please read and initial each policy.

Parasite Policy: Pets admitted to our facility must be free of internal and external parasites including intestinal worms, fleas, ticks, and mites. All pets must receive an oral OR topical parasite preventative prior to checking in for boarding. If parasites are discovered, your pet will receive a dose of ACTIVYL, a topical flea preventative, which is safe to use even if other topical flea/tick prevention has been applied. The charge will be \$15.00 to \$17.00. INITIAL _____

Vaccination Policy: In order to protect the health of your pet, all pets being admitted to Angel Animal Hospital & Boarding are required to be current on all vaccinations. It is your responsibility to provide current records of vaccinations. **If any of your pets' vaccinations or exam are past due, they must be inoculated or examined prior to admittance.** Pets that are young and have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risk of infection. INITIAL _____

Policy Concerning Unpaid Bills/Abandoned Pets: If you do not pick up your pet within ten days of its release date, your pet will be considered abandoned. You will be billed for treatments and boarding incurred up to the date you pick up your pet. Attorney fees and court costs, plus collection fees will be turned over to a national collection agency and reported to the appropriate credit bureaus to be placed on your credit report. INITIAL _____

Pet Belongings: Angel Animal Hospital & Boarding asks that you limit the items left with your pet to collars/leashes and food/treats/medications. **We will not accept toys, bowls, beds and blankets;** too often these do not make it home in one piece. We apologize for the inconvenience. We do provide plenty of bedding, blankets and toys for your pet to enjoy during his/her stay. INITIAL _____

Additional Food Policy: If your pet does not eat his or her regular diet AAH will add canned food (Purina EN or Science Diet i/d) in order to entice your pet to eat. I understand additional food added will be charged to my account and will be paid for upon my pets departure from AAH. INITIAL _____

****I am the owner or agent for the above described animal.***

***** I understand that Angel Animal Hospital is NOT 24hr hospital and my pet will be left unsupervised from 8:00PM to 7:30AM.***

I have read and understand above policies, and I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. In the event of a medical emergency please note treatments will be rendered and the cost will be the responsibility of the client.

Client Signature _____

DATE _____

To be filled out by technician

Items left with pet: NO BEDS, BLANKETS, TOYS

Collar _____ Leash _____ Harness _____

Medications:

Add Boarding Medical Service fees _____

Food:

Refills ? Y N

Refills ? Y N

Refills ? Y N

Refills ? Y N

Technician Checking in : _____

Please be sure any grooming or surgical consents are printed and signed

{FULLNAME} {NAME}

Check Out

This MUST be signed by client

KENNEL STAFF OR TECH (WHOEVER CHECKS BOARDER(S) OUT ARE TO PLACE A CHECK MARK NEXT TO EACH BELONGING TO MAKE SURE BOARDER HAS GOTTEN ALL OF THEIR BELONGINGS BACK.

_____ I have gone through all of my pets belongings including medications, and everything has been returned to me.

_____ I have received a full report on how my pet did during their stay

_____ I have addressed any questions or concerns

Signature _____

Discharged by _____