

Client:

Patient:

Breed:

Gender:

Age

Phone #:



Admission

Pick Up

Admitted by:

Vaccines

Yes No

Medicated:

Yes No

Fecal or Deworm

Yes No

Kennel Bath:

*extra fee

Yes No

Please have the Doctor check/perform the following: **Exam Charge of \$48.00 Will Apply

Medication (s) 1)

2)

3)

4)

Feeding

Belongings

Nightly Boarding Fee:

Total Boarding Charges (Per NIGHT):

FOR THE HEALTH OF ALL PATIENTS

Vaccines / Parasites:

To insure the protection of all pets under our care here at Paradise Pet Hospital, ALL pets must be current on vaccinations against the common contagious diseases and be free of internal and external parasites. If not, these procedures will be performed and the standard fees charged.

Medical Illness:

Should your pet become ill or develop any problem while boarding here, we will call the emergency number listed above to discuss treatment and estimated costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve discomfort or resolve a medical condition.

Please perform whatever services the doctor deems necessary for the best care of my pet. This includes ONLY non-elective treatments and any necessary diagnostics.

I authorize up to (check one) \$100 \$250 Other \$ in medical care until someone can be reached.

Do not administer any medical treatment without specific authorization

I authorize the administration of any needed vaccinations, fecal testing, deworming and/or bathing and dipping to remove any external parasites. I am aware that the standard fees will be charged for these services and agree to pay all charges at the time of release.

I understand that I will have been provided an estimate prior to leaving my pet(s) for boarding and that payment may be required at time of admission.

I understand that Paradise Pet Hospital is NOT STAFFED 24 hours and no one will be with my pet(s) over night.

I understand that if I do not pick up my pet(s) ten [10] days after the pick up date listed above, that Paradise Pet Hospital will deem my pet (s) abandoned and begin the abandonment process as outlined by the NRS.

Signature:

Date: