

BOARDING ADMISSIONS FORM

Owner: _____ Pet: _____

Date: _____ Emergency phone #: _____

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All pets admitted to University Pet Clinic must be current on vaccinations.

- **For DOGS, this includes: Rabies, Distemper-Parvo, and Bordetella (Kennel Cough).**
- **For CATS, this includes: Rabies, FVR-CP (upper-respiratory virus), and Feline Leukemia.**

Although every effort is made to keep your pet clean while boarding with us, bowls get overturned and accidents do happen. For these reasons we may recommend your pet be bathed before discharge.

I (circle one) DO / DO NOT wish for my pet to be bathed before going home. (Ask for estimate on bathing fees)

ADDITIONAL SERVICES REQUESTED BY OWNER:

- | | |
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| <input type="checkbox"/> Update Vaccinations (\$14 each- Rattlesnake excluded) | <input type="checkbox"/> Nail Trim (\$15.20) |
| <input type="checkbox"/> Fecal Exam for worms/ bacteria (\$25.00-\$35.20) | <input type="checkbox"/> Heartworm test (ask for Package price) |
| <input type="checkbox"/> Dental Scaling & Polishing (ask for estimate) | <input type="checkbox"/> Examination (\$39.00) |
| <input type="checkbox"/> Medications to be given (\$4.00 per dosage) | <input type="checkbox"/> Anal Glands expressed (\$18.80) |
| <input type="checkbox"/> HomeAgain ID Microchip & Registration fee (\$59.50) | <input type="checkbox"/> Other _____ |

I authorize University Pet Clinic to perform the above-indicated procedures. I also authorize the use of medications necessary for the treatment or handling of my pet.

I further authorize University Pet Clinic to prescribe for and treat my pet in case of illness or emergency, understanding that every effort will be made to contact me prior to initiation of any extensive treatment.

I understand that University Pet Clinic is only open selected Saturdays and I am only able to pick-up my pet during business hours. I will pay for any additional days my pet must board over weekends, holidays or after hours that University Pet Clinic is closed.

I understand that payment in full is due at the time of discharge.

I will pick up my pet on _____ Approx. Time: _____

Signed: _____ Date: _____