



The Animal Hospital of Havre De Grace
 Dr. Bradley Price
 2120 Pulaski Highway
 Havre De Grace, MD 21001
 (410) 272 - 8656

Boarding Check In

Tech _____

Owner:
 Date:
 Home Phone:
 Work Phone:
 Cell Phone:

Pet's Name:
 Species:
 Breed / Color:
 Sex / Age:
 Weight:

I, _____ certify that I am the owner or the authorized agent for the owner of the animal described above and that I give the veterinarians and staff of the Animal Hospital of Havre De Grace authority to board my pet.

I understand that my pet must be up to date on all vaccinations prior to boarding. If proof of vaccinations is not presented at the time of boarding, the vaccinations will be given to my pet and I will be charged for these services.

If my pet becomes ill or an emergency rises while boarding, I authorize The Animal Hospital of Havre De Grace to perform diagnostics and treatment medically necessary for the health and comfort of my pet. **If the charges exceed \$50, every attempt will be made to contact me. However, services WILL NOT be withheld if I am unreachable. For charges less than \$50, NO attempt will be made to contact me. I will be financially responsible for these services rendered.**

IN AN EMERGENCY, PLEASE CALL:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

If I cannot be reached please contact:

Name: _____

Phone Number: _____

Please list any medications, flea prevention, or heartworm prevention your pet will need while boarding.

DRUG	DOSAGE	TIMES PER DAY	MEDICINE PROVIDED	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

There will be a \$ _____ daily charge for administration of medication added to the boarding charges.

Are there any problems with your pet? Or special instructions we should know about? _____

When was the last flea and tick prevention given? _____

When was your pet last examined by a vet? _____

Does your pet have any allergies? _____

Is your pet aggressive at any times? _____

Has your pet been diagnosed with any medical disorders such as, Renal Insufficiency, Diabetes, Seizures, Addison's disease, Cushing's disease, Thyroid disease, etc.? If so please explain.

If I or my responsible party cannot be reached, the veterinarians and staff of the Animal Hospital of Havre De Grace are instructed to: (Please Check One)

- Do everything necessary for the health of my pet.
- Do only those procedures authorized and life saving measures if needed.
- Do only life saving measures as needed

Please check all boxes as you read them:

- I understand that control of a contagious disease is a priority and that any contagious problems such as, fleas, mites, infection etc. will be treated and I will be responsible for the additional charges.
- I understand that payment for procedures are due when performed and I am fully responsible for these charges.
- I understand that diagnostic procedures such as a comprehensive exam, blood screening, heartworm testing, and other such things are recommended on a routine basis to find hidden problems. I understand that if these procedures are declined I assume all responsibility for additional risks or complications resulting from refusal of these services for occurrences during boarding.
- I understand the veterinarians and staff of the Animal Hospital of Havre De Grace will use all reasonable precaution to prevent injury, exposure to contagious diseases, exposure to infestations, escape or death of my pet.
- I understand that a staff member of the Animal Hospital of HDG may not be on the premises from the close of the business to opening of the business the next day, but all due care will be taken to anticipate and provide for the needs of my pet.
- I agree to hold the Animal Hospital of Havre de Grace, the veterinarians and staff of the Animal Hospital of Havre De Grace harmless in the absence of negligence, for any injury, exposure to contagious disease, exposure to infestation, escape, complications, side affects, or death occurring associated with boarding or treatment. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained from any treatment that may be performed.
- I understand pets frequently develop minor problems while boarding. The veterinarians and staff of the Animal Hospital of Havre De Grace will do everything possible to resolve these problems including, giving a special diet, medications, lab work and evaluations as needed. I understand that addition charges may apply and I am financially responsible for these charges.
- I understand that every reasonable effort will be made to return items belonging to me or my pet that have been left. However I understand that many times these items become damaged, lost or destroyed during boarding and cannot be returned. And I do not hold the veterinarians or the staff of the Animal Hospital of Havre De Grace responsible for these items.

I will be leaving these items: _____

Does the kennel attendant have your permission to offer clinic pet toys, rawhides, and treats to your pet during their stay here with us? Please specify: _____

Feeding Instructions (Include how much and how often):

Dry: _____

Canned: _____

Type of food: _____

Would you like your pet bathed prior to pickup? The charge will be \$_____ Yes No

Would you like your pet's nails trimmed for \$15.00 prior to pickup? Yes No

Are there any additional procedures you would like performed while your pet is here? Please specify: _____

My pet will be picked up on (date) _____ at approximately _____ AM PM
Pets not picked up by 1:00pm will incur an additional days boarding charge.

By signing this form, I acknowledge that I have read and understand all of the above information and agree to the above terms.

Signature of Owner or Responsible Party _____

Date _____

Home Phone: <phone>
Work Phone: <business>
Cell Phone: <cell-phone>
Age: <age-name>
Weight: <weight> lbs

Species: <species>
Breed: <breed>
Color: <color>
Sex: <sex-name>

Owner: <last-name>

Pet Name: <animal>

Date	Eating	Drinking	Urination	Defecation	Walked	Problems
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM MID PM	AM PM

HAS OWN FOOD _____

CANNED AM _____ PM _____

DRY AM _____ PM _____

SUPPLEMENTS AM _____ PM _____

MEDICATION SHEET *YES/NO*

Personal Belongings

Alerts:
