



Animal HOSPITAL INC.

2735 S.O.M. Center Road • Willoughby Hills, Ohio 44094

BOARDING/CHECK IN

(440) 946-2800

Fax: (440) 946-9853

www.animalhospitalinc.com

Place Label Here

Date: _____ Board Until: _____

Pick Up Time: _____ Weight on Admission: _____

Contact Person: _____

Contact Phone Number: _____

Alternate Contact Person: _____

Alternate Contact Phone Number: _____

Vet Name: _____

Vet Phone Number: _____

Personal Items: _____

Feeding Instructions: _____

Medications: _____

Special Care Instructions: _____

BOARDING RELEASE FORM

I grant for Animal Hospital, Inc. to act on my behalf and in my pet's best interest, to provide appropriate veterinary care for any illness or injury that may occur during my pet's stay. I agree to pay for all veterinary and other necessary or required services provided to my pet during this time. Animal Hospital, Inc. agrees to exercise reasonable care to prevent injury or illness to my pet, but in the event that illness or injury occurs, the owners and employees of Animal Hospital, Inc. shall not be held liable.

To the best of my knowledge my pet is in good health and I have made the staff of AHl aware of any pre-existing conditions that could require medical attention. I have disclosed to the staff all of the medications that my pet is receiving. I have brought all medications in their original containers labeled accurately with dosing instructions.

I agree to pay all charges on the day of pick-up and understand that my pet may not leave the premise until all charges are paid in full. I agree to pay for my pet's services from the day of admission to the day of discharge. I understand that check out time is 11:00 AM on the date of pick up and I will be charged for that day if my pet is not picked up by 11:00 AM unless he/she is receiving a bath or grooming on that day.

In the event that my pet becomes ill during his/her stay, I authorize:

- Conservative treatment of diarrhea with prescription diet i/d.
- Administration of Metronidazole and/or Kaolin-Pectin if prescribed by an attending veterinarian.
- Treatment of non-emergency conditions without further authorization.
- Treatment of non-emergency conditions only if I cannot be reached.
- No non-emergency treatment unless I or my responsible emergency contact authorizes treatment.

Animal Hospital, Inc. will make every attempt to reach the contact(s) listed above, however, in case of an emergency our first priority is proper and timely medical care for your pet(s).

Client Initial _____

Signature of Owner _____ Date _____

Print Name _____