



ALAMO • HEIGHTS • PET • CLINIC , INC .

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Boarding Admission Form

Owner's Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

Emergency Number and Contact: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Is your pet on Medication? If so, what: \_\_\_\_\_

Drug # 1: \_\_\_\_\_ Drug # 2: \_\_\_\_\_ Drug #3 \_\_\_\_\_

Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_

Schedule : \_\_\_\_\_ Schedule: \_\_\_\_\_ Schedule: \_\_\_\_\_

Does your pet require a special diet: If so, what: \_\_\_\_\_

Items that will be left with your pet while staying with us: \_\_\_\_\_

Treatment and services needed before discharge: \_\_\_\_\_

I, the undersigned, am the owner of the above named animal or am responsible for it, and have authority to execute this consent.

I realize that hospital admission policy requires that all pets be free of external parasites (fleas/ticks) and that if parasites are found, they may be treated at my expense.

Should the above named pet require emergency medical treatment during the boarding period, I authorize the staff doctors to perform such treatments as they deem necessary in the best interest of my pet. I further agree to be financially responsible for such treatment.

I agree to indemnify and hold Alamo Heights Pet Clinic and its doctors and employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

BOARDING PRICES

Please initial next to appropriate rate for your pet.

Avian	\$12.00 per night _____	Dog 0-20 lb.	\$14.00 per night _____
Cat	11.25 per night _____	21-40 lb.	16.00 per night _____
Exotic	11.00 per night _____	41 + lbs.	18.00 per night _____
Pocket Pet	10.00 per night _____	Day Board	8.00 per day _____

Owner/Agent: \_\_\_\_\_