



ALAMO • HEIGHTS • PET • CLINIC, INC.
O • R • K • 9 • F • E • L • I • N • E

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.

If giving consent to have pet picked up after boarding by anyone other than you, please list name and relationship to you. _____

If giving permission for someone to visit your pet while boarding, please list name and relationship to you. _____

Owner/Agent: _____