

🐾 **Brown Creek Animal Hospital** 🐾
Boarding Admission Form



Admission by: _____ Date of admission: _____

Expected discharge date : _____ (Pet can be picked up during normal business hours.)

Owner's name: _____ Phone number: _____

Pet(s) name(s): _____

- 1) All pets boarding must be current on vaccinations. Written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding the pet(s).
- 2) If parasites are found on the pet during the stay, they will be treated as Brown Creek Animal Hospital determines and the cost of the treatment will be added to the total bill.
- 3) If the pet must be separated from the general population and put in quarantine, added charges for quarantine procedures will be added to the total bill.
- 4) If the pet is found to be aggressive and dangerous to the staff or other animals, additional charges may be incurred and will be added to the total bill.
- 5) We will try to bathe all dogs that have been boarding for at least five (5) consecutive nights prior to discharge as a complimentary service. However, if the pet's health or temperament makes it hazardous to the staff or the pet, the pet will not be bathed.
- 6) If the pet is picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill. Agent: _____
- 7) All reasonable precautions will be used to prevent injury and escape of the pet. Brown Creek Animal Hospital is not responsible for the actions of the pet that may cause injury and escape.
- 8) All pets not picked up within seven (7) days after the expected date of pickup will be considered abandoned. Brown Creek Animal Hospital is given authorization to dispose of the pet(s) as they deem best, including euthanasia (putting to sleep).
- 9) If your pet(s) need any medication(s) while here, we will administer the medication(s) to your pet for an additional fifty-cent (\$.50) per day. You will need to bring your own medications. If Brown Creek Animal Hospital has to supply the medication, there will be an additional charge added to your bill.

I understand and agree to all of the terms and condition listed above.

Signature _____ Date: _____

🐾 Please list below what medication(s) your pet(s) need(s) to be given and how often it need to be administered. 🐾

Pet Name: _____

Medication	Frequency

Pet Name: _____

Medication	Frequency

*****PLEASE NOTE: THE HOSPITAL IS NOT RESPONSIBLE FOR ANY PERSONAL ITEMS SUCH AS TOWELS, BLANKETS, TOYS, LEASHES, HARNESSSES, COLLARS, ETC. LEFT WITH YOUR ANIMAL DURING ITS STAY.**

🐾 Regarding the treatment of my pet during the stay: 🐾

A) Treat my pet as needed, do any and all diagnostic tests, treatments, and surgeries necessary for the wellbeing of my pet. I accept full financial responsibility for all charges related to the treatment and diagnosis of my pet(s).

Signature: _____ Date: _____

B) Treat my pet as needed, but not to exceed \$_____. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment, even if it is life threatening. I understand that if Dr. Wright (or the other doctors) feels that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatment and tests needed would exceed the above amount, Dr. Wright (as well as other doctors and staff) are authorized to euthanize (put to sleep) my pet. I will be responsible for all charges accrued during that time period.

Signature: _____ Date: _____

C) Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. However, should the veterinarian determine that my pet requires extreme measures to maintain life, I request that they euthanize (put to sleep) my pet. I understand that "excessive measures" is left to the discretion of the doctor. I accept full financial; responsibility for all charges related to the treatment of my pet.

Signature: _____ Date: _____