

Owner: \_\_\_\_\_

Pet's Name	1.	2.	3.
Food Brought			
Feeding Instructions			
Medications Brought			
Time last dose given			
Medication instructions			
Giving medication(s) as instructed on bottle?			
<b>Insulin charge per day is \$17.20 Please initial</b>			
<b>Medication charge per day is \$2.53 Please initial</b>			

Bath or Groom prior to Departure \_\_\_\_\_

Date pet(s) to be picked up: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact? \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone Number

Please release pet(s) to (i.e. friend): \_\_\_\_\_

Do we have your permission to treat any illness (at your expense) the Veterinarian deems medically necessary? \_\_\_\_\_

Doctor Examination / Vaccinations / Labwork: (Please List) \_\_\_\_\_

Report Doctor's Findings/Questions to: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone Number

Prescription Refills: Sentinel, Iverhart, Food, etc.

**All dogs and cats must be current on vaccinations** (Rabies, Distemper, Bordetella for Dogs, and fecal exam) and free of external parasites (fleas and ticks) or they will be treated upon entry at owner's expense. I understand that I will be charged the posted additional charge for an unneutered male or in heat female dog or cat due to the additional precautions that must be made for these pets.

In case of illness or injury, I do hereby give my consent for the veterinarians of Coit Hedgcoxe Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Hospital. I understand that every effort will be made to contact me prior to any procedures being performed, but emergency and/or necessary treatment will not be withheld if contact is not made. The Hospital is to use all reasonable precautions against illness, injury, or escape of my pet(s), but the Hospital will not be held liable or responsible for care or treatments that are beyond its control.

I understand that Coit Hedgcoxe Animal Hospital closes at 6:00 PM (Monday – Friday) and 12:00 Noon (Saturday).

**THERE WILL BE NO SATURDAY EVENING OR SUNDAY PICK-UPS.**

Signature of Owner or Authorized Agent Representative \_\_\_\_\_ Date \_\_\_\_\_

HOSP Use only					
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