

Owner: _____ Text or picture updates? Y N Cell Number: _____

Pet's Name	1.	2.	3.
Food Brought (circle one)	No / Yes	No / Yes	No / Yes
Feeding Instructions			
Medications Brought			
Time last dose given			
Medication instructions			
Giving medication(s) as instructed on bottle?	No / Yes	No / Yes	No / Yes
Insulin charge per day is \$17.20 Please initial			
Medication charge per day is \$3.16 Please initial			

We provide all of the necessary bedding for your pet(s). Most boarding pets will soil their bedding within 24 hours of arrival because they are upset to be away from their owners. The bedding then gets destroyed in our washer or destroys our washer. So remember to leave all bedding at home and we will make sure your pets are comfortable.

Bath Pet prior to Departure (Circle One) **No Yes**

(If a bath is requested, pets will be bathed the day they are schedule to leave and you will receive a call when ready to go)

Date pet(s) to be picked up: ____/____/____

(Pets can only be picked up during normal office hours)

Emergency Contact? _____ (_____) _____
Name Phone Number

Please list person we are authorized to release pet(s) to (i.e. friend): _____
(If friend or neighbor is picking up pet, estimated boarding expenses due at drop off)

Do we have your permission to treat any illness (at your expense) as the Veterinarians deem medically necessary?

Yes _____ No, do not treat my pet for any illness

Doctor Examination / Vaccinations / Labwork: (Circle One) No Yes (Please List)

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

Prescription Refills: Sentinel, Heartgard, Food, etc. (Circle One) No Yes
(Please List) _____

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 my 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.
www.coithedgcoxe.com

Signature of Owner or Authorized Agent Representative _____ Date _____

HOSP Use only					
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Updated 01/16