

CHECKED IN BY _____

PATIENT _____

ACCOUNT _____

BOARDING UNTIL _____

VACCINE STATUS _____

VETERINARY CENTER OF BUCKHEAD
BOARDING INFORMATION SHEET

Please fill out the following information so that we may better take care of your pet.

HEALTH

1. Is your pet coughing, sneezing, vomiting or does he/she have diarrhea? YES NO

BATH

1. Would you like for your pet to have a bath on the day that you pick-up? YES NO
Please note that your pet will not be ready to go home until after 3:30 p.m. if bathed.
2. The bathing charge for pets under 25 lbs. is \$35.00; pets over 25 lbs is \$45.00.
3. Bathing includes an ear cleaning, nail trim, and anal gland expression.

FOOD

1. Did you bring your pet's own food: YES NO
2. **How often** do you feed your pet and **how much** food to you feed per feeding?

MEDICINE

1. Is your pet in need of medication while boarding? YES NO
2. What are the medication(s) and how much/often are they to be administered?

ATTITUDE

1. Is your pet friendly with people? YES NO **MOST OF THE TIME**
2. Is your pet friendly with other dogs/cats? YES NO **MOST OF THE TIME**

SPECIAL INSTRUCTIONS

Although every effort will be made, we cannot guarantee the safe return of any items that are left with your pet.

Thank you!

**M. LANCE HIRSH, DVM
VETERINARY CENTER OF BUCKHEAD
BOARDING FORM**

In order to assure the best care for your pet while staying with us, it is necessary for us to have permission to manage any medical problem that may occur. If for any reason we need to contact you, we will also need a telephone number where we can reach you.

I understand the above and am leaving my pet, _____, in the care of M. Lance Hirsh, DVM Veterinary Center of Buckhead. In doing so, I give full permission to the veterinary staff to manage or treat any medical condition that may occur. I understand that in the event of a medical emergency, the veterinary staff will act within their personal judgment to provide medical services and treatment. I understand that I will be responsible for the cost of such services and treatment. Knowing that the veterinary staff of M. Lance Hirsh, DVM Veterinary Center of Buckhead will act in my pet's best interest, I do not hold M. Lance Hirsh, DVM Veterinary Center of Buckhead responsible for the loss or death of my pet. I verify that my pet has been vaccinated within the last year with the following vaccines.

Dogs: Distemper within 3 years, Lepto (if receiving) within 1 year, Bordatella within 6 months, Rabies 1 or 3 years.

Cats: FVRCP within 1 year, Rabies 1 or 3 years

MY PET IS NOT COUGHING, VOMITING, AND DOES NOT HAVE DIARRHEA.

I understand that my pet must be vaccinated properly to insure self-protection and the protection of other animals in the hospital.

I understand that I will be responsible for paying all fees owed before reclaiming my pet.

I understand that all animals left in the care of M. Lance Hirsh, DVM Veterinary Center of Buckhead that are not reclaimed within two weeks, unless otherwise arranged, will become the property of M. Lance Hirsh, DVM Veterinary Center of Buckhead. All rights to such animals held by the previous owner will be forfeited.

Signature: _____ Name: _____

Date: _____

EMERGENCY PHONE NUMBER: _____