

Emmitsburg veterinary hospital boarding check-in form

Client Name: _____ Patient _____ ID _____

Check In: _____ Check Out: _____

Emergency Contact Name: _____ ER Contact Number: _____

1. All pets boarding MUST be current on vaccinations. Written proof of vaccinations must be provided if we are not your residing veterinarian. ____
2. If Parasites are found (including fleas and ticks) during the stay, they will be treated as Emmitsburg Vet Hospital determines, and the cost of the treatments will be added to the total bill. _____
3. If the pet is found to be aggressive and dangerous to the staff, an additional fee will be added to the total bill. _____
4. We will try to bathe all dogs the morning of discharge as a complimentary service. However if the pet's health or temperament makes it hazardous to the staff or the pet, your pet will not be bathed. _____
5. If the pet is to be picked up by someone other than the owner, arrangements must be made with Emmitsburg Vet Hospital regarding the bill. Agent picking up pet(s) _____
6. Does your pet have any behavior problems we need to be aware of?
 Cage Aggressive Dog Aggressive Arthritic Thunderstorm Fear
 Other _____
7. Does your pet need anything else during his/her stay?
 Toe Nail Trim Anal Gland Expression Refill on Medication
8. Due to our kennel facilities having Indoor/outdoor runs we are unable to air condition the kennel area. Please be assured that there are many fans during the summer. And that your pets are closely monitored by our kennel staff. _____
9. We ask that you do not leave personal belongings for you pet while they stay with us. We will provide toys, blankets, dishes, and anything else they will need during their stay with us. _____

REGARDING THE TREATMENT OF PET DURING ITS STAY:

10. Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary for the well being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

Signature: _____ **Date:** _____

11. Treat my pet as need, but do not 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.

Signature: _____ **Date:** _____

Additional Comments or Instructions:

