Eagle Veterinary Hospital

Compassionate Quality Veterinary Care for Dogs, Cats, Birds, and Exotic Pets

Visit us on the web at www.eagle-vet.com

Boarding Admission Form

Pet's Name: _____ Breed:_____ Sex: _____ Color: _____

I am placing my pet in the care of the Eagle Veterinary Hospital (EVH), with the understanding that the hospital will use reasonable care to keep my pet in good health. I will not hold the EVH liable and I assume all risks for the boarding and/or bathing of my pet. In case of illness, I do hereby give my consent for EVH to stabilize the condition by treatment, prescribing for or operating upon my pet(s) as deemed necessary by the attending veterinarian until such time the owner can be contacted. Any expenses incurred shall be paid promptly by the owner.

Should the circumstances arise that my pet(s) remain unclaimed after the date, which I have stated as the pick-up date, I understand that an attempt to notify me will be made. Seven days after such notice the pet(s) will be considered abandoned and property of EVH. It is further understood that such action will not relieve me from paying all costs of services and the use of your hospital.

I understand that an intestinal parasite screen (current within 1 year) and all vaccinations for dogs (Rabies, Dapp-L, Bordetella, Influenza (H3N2 and H3N8) and for cats (Rabies, FVRCP) must be current within one year (excluding Bordetella for dogs which is to be current within 6 months) for boarding and bathing. If these vaccinations or intestinal parasite screen are not current, EVH will administer/perform them.

Furthermore, I understand that EVH strives to be a "Flea Free" boarding facility. Therefore, if my pet is not currently on any flea preventative or fleas are found on my pet upon arrival, EVH will administer a flea preventative of their choosing to prevent any possible infestation of fleas during my pet's stay and I agree to pay for the above mentioned product or services.

I also acknowledge that I have written down all abnormalities and special requirements that are needed for the care of my pet.

Special Instructions/Medical Conditions:

_____

_____

Authorization to Verify Vaccination Records:

For the safety of my pet and others I hereby verify that all vaccinations stated above for my pet are current within 1 year. I hereby authorize Eagle Veterinary Hospital to verify these vaccinations at _____If these vaccinations are not current, I authorize Eagle Veterinary Hospital. to administer them immediately.

Owner's Signature_____ Date_____

Emergency Contact Number_____

This agreement, when signed, is good for one-year form the original signature date.

Date of Entrance	Date of Pick-up	Additional Fees May Apply								Initials
		Facebook Picture	Extra Exercise	Bath/ NT	Own Food	Medications	Give Flea Preventative	Give Heartworm Preventative	Express Anal Glands	