

## Endsmeet Animal Hospital Boarding Admission Form

Owner/Agent (must be over 21) \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Tel.No. \_\_\_\_\_ Work. \_\_\_\_\_ Cell. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel. \_\_\_\_\_

I understand that all reasonable precautions will be taken to prevent injury, escape or death of my animal(s) whilst in the care of Endsmeet Animal Hospital. I understand, however, that injury, escape or death is not always avoidable, and in the absence of gross negligence, I agree not to hold Endsmeet Animal Hospital or its employees liable should such an event occur.

If tranquilization is necessary for treatment or handling of my animal(s) I give my permission for it to be done. If vaccination or treatment for external or internal parasites is required I give my permission for it to be done. I authorize Endsmeet Animal Hospital to do whatever is necessary for the wellbeing of my pet(s) should an emergency situation arise.

If I neglect to collect the animal(s), or make alternate pick up arrangements, within 5 days of the expected discharge date, you may assume the pet(s) is/are abandoned. Transfer of the pet(s) can be made to the government Dog Warden or to the S.P.C.A. Abandonment does not release me from my obligation to pay the bill for goods and services provided.

All dogs are bathed on discharge for a fee, unless waived by the owner at time of check-in. All cats will receive a flea treatment on admission unless treated at home within 3 weeks prior to boarding. We normally ask you to pick up pets between 3pm and 6pm Monday through Friday and between 10am and 12pm on Saturdays. (The hospital is closed on Sundays and closes at 12:30 on Saturdays.)

I understand that I am responsible for payment in full at the time the animal is collected. I understand that a 2% monthly surcharge will be added to all bills with an outstanding balance of more than 30 days. I agree that all agency charges, legal costs and other expenses incurred by Endsmeet Animal Hospital in attempting to recover overdue amounts will be charged to my account.

Owner/Agent signature \_\_\_\_\_ Date \_\_\_\_\_

Payment may be made by Cash, Cheque, Visa or MasterCard. Post-dated cheques will be accepted to be cashed at a later date.

**Instructions**

Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

1

2

3

ANIMAL NAME \_\_\_\_\_

LAST VAX DATE \_\_\_\_\_

**MEDICATION TO BE GIVEN WHILE BOARDING**

1. \_\_\_\_\_ Give \_\_\_\_\_ Tabs/caps \_\_\_\_\_ Times Daily

2. \_\_\_\_\_ Give \_\_\_\_\_ Tabs/caps \_\_\_\_\_ Times Daily

3. \_\_\_\_\_ Give \_\_\_\_\_ Tabs/caps \_\_\_\_\_ Times Daily

4. \_\_\_\_\_ Give \_\_\_\_\_ Tabs/caps \_\_\_\_\_ Times Daily

**DIET REQUIREMENTS**