

Country Court Animal Hospital



First Name: _____ Last Name: _____

Address: _____ City: _____

Phone Number: (____) _____ - _____

Emergency Contact Name: _____ Phone: (____) _____ - _____

Pet's Name: _____

Species: _____ Breed: _____ Color: _____ Age: _____ Sex: _____

Boarding Information

Boarding Dates: ____ / ____ / ____ to ____ / ____ / ____ Approx. Pick-up Time: ____ AM PM

Feeding Instructions:

Did you bring your own food? YES ☐ NO ☐

If yes, how much and how often?

Did you bring your own treats? YES ☐ NO ☐

If yes, how many and how often?

When was your pet last fed? _____

Medication Instructions: Is your pet taking any medications and/or supplements? YES ☐ NO ☐

Med. Name: _____ Dose: _____ Last Given: _____

Med. Name: _____ Dose: _____ Last Given: _____

Med. Name: _____ Dose: _____ Last Given: _____

Belongings:

We provide beds, blankets, etc. Bedding often has to be laundered, and some pets may chew on bedding even if they don't normally at home. If you bring your own toys or bedding, we will do our best to keep track of them, but be aware some items may be lost or damaged. Bring at your own risk! **Please check all items that you brought:**

Leash/Collar ☐ _____ Harness ☐ _____

Carrier ☐ _____ Bedding ☐ _____

Other: _____

Additional Services: (If checked, additional costs will be added)

Nail Trim ☐ Bath ☐ Check ears ☐ Express Anal Glands ☐ Heartworm Test ☐ Implant Microchip ☐

If needed, please list any other medical instructions and/or concerns:

Anxiety Medication:

Sometimes boarding pets get extremely anxious when they stay with us, whether it is from separation from his/her family, storms, or new surroundings. When we notice anxious behaviors (such as restlessness, unwilling to eat, fearfulness, etc.), we often times prescribe anxiety medication to ease them while they are here. We request your permission to give your pet anxiety medication as needed for his/her stay with us. **THIS IS FREE OF CHARGE.**

Country Court Animal Hospital is allowed to give my pet anxiety medication as needed for his/her comfort: YES ☐ NO ☐

My pet often has anxiety during Storms: YES ☐ NO ☐

If yes, Country Court Animal Hospital is allowed to give my pet anxiety medication during storms: YES ☐ NO ☐

If your pet starts to have a life threatening issue develop while boarding, I would like the veterinarian to attempt life saving treatment. However, I understand that if I can't be reached, I will accept the Dr.'s judgement regarding any needed procedures (and the costs involved) in the care of my pet: YES ☐ NO ☐

****ANY ANIMAL WITH EVIDENCE OF FLEAS WILL BE TREATED AT OWNER'S EXPENSE****

I, being responsible for the above described pet, have the authority to grant Country Court Animal Hospital my consent to board, treat, prescribe for, and/or operate upon my pet. **Please note that all pets due or over due for Rabies, Distemper, Influenza or Bordetella vaccinations will be brought up to date and you will be responsible for payment at pick-up.** Country Court Animal Hospital will use all reasonable precautions against injury, escape or death of my pet, but will not be held responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. All charges shall be paid at the time of pick-up from Country Court Animal Hospital. If the pet is not called for within 7 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 7 day period, the animal will be considered abandoned and its disposition shall be as the doctors see fit. It is understood that this does not relieve me from paying for all costs of services rendered, including boarding fees for all time until disposition. After carefully reading the above, I have signed in agreement.

Owner's Signature (or responsible party)
Date

Date