

**TEN WEST BIRD AND ANIMAL HOSPITAL
UNACCOMPANIED HEALTHCARE AGREEMENT & BOARDING FORM**

Owner: **<last-name>** Pet's Name: **<animal>** Breed: **<breed>** Sex: **<sex-name>** Age: **<age>** Color: **<color>**

DUE DATES OF VACCINES OR PROTECTIVE TESTING

<treatments>

PROCEDURES NEEDED WHILE BOARDING:

Examination Technician Check / Exam Recheck Exam Geriatric Workup
 Rabies Bordetella DHLPP Fecal Heartworm Test Lymes FVRCP Felv Felv/Fiv Test
 Spay Neuter Dental Heartworm Prevention Nail Trim Radiographs Medication Refills

All animals entering the hospital must be current on vaccinations and free of external & internal parasites or they will be treated at the owner's expense. I authorize the veterinarian to do whatever is necessary should a medical situation arise, to include tranquilization of that pet as required. I agree to pick up my pet within 5 days of the discharge date, or my pet may be considered abandoned if I do not. I authorize the hospital to dispose of my pet as deemed professionally necessary if my pet is abandoned if I do not. I authorize the hospital to dispose of my pet as deemed professionally necessary if my pet is abandoned. Fees are charged on a per night basis and checkout time is at 1:00pm and a 1/2 day charge will be assessed thereafter. Pets are released only during normal business hours and cleansing bath will be given at the owner's expense if staying longer than 7 days. Full payment is due at the time of release and a deposit is required for those animals staying longer than 10 days.

Please note: We cannot be responsible for the loss, damage or soiling of articles brought in with your pet when boarding

Signed: _____ **Emergency Contact #:** _____

Pet's Name: **<animal>** Breed: **<breed>** Sex: **<sex-name>** Age: **<age>** Color: **<color>**

Boarding From Date In: _____ Run / Cage: Med or Lrg

Boarding To Date Out: _____ AM / PM Sharing w/ _____

Diet Brought: Yes No Brand: _____ Times to feed daily: _____

Playtime: _____ Bath _____ or Groom (instructions→) _____

Toys / Bedding / Medications brought: _____
(We are happy to accept toys and bedding, but we are not responsible for lost or damage toys or bedding.)

Collar and/or leash returned: Yes _____ No _____ (if no, location?) (cabinet or with belongings)

Administer Meds: _____

Patient Check-in information:

Hw Prev History _____ Dental Due _____

Geriatric Workup _____ Refill Meds and/or food _____

Recheck Due (ears/eyes/skin,etc) _____ Procedures (neuter/ohe/sx,etc) _____