

# BOARDING ADMISSION/CONSENT FORM

Cobbs Ford Pet Health Center, P.C.

Date: \_\_\_\_\_ Account No: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Pet: \_\_\_\_\_ Zip \_\_\_\_\_

Any current or past medical history we need to know about? \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

Current Medication	How Often	Last Dose Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact and Phone Number: \_\_\_\_\_

Issues for Doctor to check or Procedures to be performed: \_\_\_\_\_

\_\_\_\_\_

Would you prefer to be contacted if unplanned treatment is necessary?  Yes  No

Would you like an estimate?  Yes  No

PICK UP DATE: \_\_\_\_\_ AND TIME \_\_\_\_\_  AM  PM

Pick up times are from: 7:00 AM – 5:30 PM Monday –Friday (Tuesday closed from 12:00 PM -2:00 PM for training)

8:00 AM – 11:30AM Saturday

4:00 PM – 5:00 PM Sunday (account must be pre-paid)

Please mark the following:

\*TLC Program (\$3.60 extra a day)  Yes  No

\*Group Play Session (dogs only)  Yes  No

\*Doggie Pool  Yes  No

Bath Requested on Discharge  Yes  No

We do provide a DISCOUNTED BATH on the day of discharge. We must be given sufficient time on the day of pickup to get your pet bathed and dry.

Professional Grooming  Yes  No

If yes, please ask for a Grooming Admission Form and complete fully.

**NOTE:** For the protection of your pet and all of our guests, we require all pets to be current on their vaccinations within the last year (Dogs-Rabies, DHPP, Kennel Cough, & Influenza, and Cats-CRP & Rabies), and free of parasites (this includes fleas and ticks). If not, they will be given the necessary medications to meet our boarding requirements with the owner assuming full responsibility for the cost.

## OWNER'S RELEASE:

Cobbs Ford Pet Health Center is to use all reasonable precautions against injury, escape, or death of a boarder. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet(s) while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for any cost.

If you can not pick up your pet, we must have authorization to release your pet to another person!

I authorize \_\_\_\_\_ to pick up my pet for me in my absence.

Signed \_\_\_\_\_ Staff Initials \_\_\_\_\_

Owner or Authorized Agent