



CLINTON PARKWAY ANIMAL HOSPITAL

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BOARDING ADMISSION FORM

Date to be picked up _____ am pm

Name & phone number of responsible party to be reached in case of emergency while your pet is being boarded _____

Preferred Diet _____

Feeding Schedule once/day twice/day 3x/day amount per feeding _____

Please exercise my pet outdoors three times daily. (\$4.40/night)

Please bathe my pet while in hospital.

If your pet spends at least 3 nights, the bath is approximately 1/2 of our regular charge.

Nail Trim

Medication to be given while boarding:

There is a fee for medications given: \$4.10/day (once daily) or 5.50/day (2-3 times daily)

While in hospital, please have the doctor check for the following:

Note: There will be a minimum doctor exam charge for this evaluation.

All pets entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) If medications are necessary for treatment, I give my permission to the Clinton Parkway Animal Hospital to administer such medications. I also authorize the Clinton Parkway Animal Hospital to do whatever is necessary in case of illness or an emergency situation.

Signature