

**Animal Medical Hospital At Glenwood**  
**Boarding Consent Form**

Today's Date \_\_\_\_\_ Pick Up Date \_\_\_\_\_ Pick Up (Before 12) \_\_\_\_\_

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Regular Veterinarian \_\_\_\_\_

**Are there any additional services that you would like performed while your pet is boarding?**  
(Bath, Nail Trim, Heartworm Test, Stool Exam, Anal Glands Expressed, Microchip I.D.)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, please list \_\_\_\_\_

**Does your pet have any medical conditions? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your pet on medication? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, please list below:**

Medication 1 \_\_\_\_\_ Dosing Schedule \_\_\_\_\_

Medication 2 \_\_\_\_\_ Dosing Schedule \_\_\_\_\_

Medication 3 \_\_\_\_\_ Dosing Schedule \_\_\_\_\_

**Please note: A \$3.00/day medication fee will be charged for up to two different medications that are administered 1-2 times daily. For each additional medication, the fee will be an additional \$1.50 per medication per day**

**Have medications been given today (day of boarding)? Yes AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **No** \_\_\_\_\_

**Is your pet currently on any flea or tick medication? (Spray, Pill, Topical, Collar) Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\*\* We work hard to maintain a flea and tick free boarding facility for our animals. However, the dogs may occasionally pick up a tick when they are being walked outside our boarding facility. To protect your dog, we strongly suggest treating your pet with one of the topical flea/tick medications or a Prevent-a-Tic collar and topical flea spray. We use Frontline Plus at AMH of Glenwood. Inc.

**Would you like us to apply a single application of Frontline to your pet? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

There is a \$2.00 application fee, and the price of the treatment is according to the weight of your pet.

**\*\* Any animals found to have fleas or ticks upon entering the hospital will be treated, at owner's expense, prior to the animal entering the boarding area.**

**We provide bedding/mats in our cages and runs. If your pet has a tendency to chew, please let our staff know so that we may remove these items. Remove bedding? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Feeding Instructions:** (Check one) Hospital Diet \_\_\_\_\_ Owner Supplied \_\_\_\_\_ Type/Brand \_\_\_\_\_

Schedule: Once or twice per day? AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_ Amount \_\_\_\_\_

Has your pet been fed today? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_

**Walking:** All dogs are leash walked twice per day. Additional walks or play times may be provided for an additional \$3.75 per day.

Would you like your dog to receive an additional walk or play time? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initial** \_\_\_\_\_

**ANIMALS AT RISK:** If your pet has been diagnosed with a chronic disease in which stress could exacerbate the disease (i.e. Diabetes, Cushings, Renal Failure, Heart Disease) we will isolate your pet in our facility and provide additional care. There will be a boarding isolation fee with this service. All boarding puppies and kittens which have not completed their initial series of vaccinations will be isolated from other boarders, and be subject to the boarding isolation fee.

**CONSENT FOR SERVICES:**

To the Animal Medical Hospital of Glenwood, Inc., Stuart Scheinberg, D.V.M. and Cheryl Holmes, D.V.M. I am the owner of the animal(s) listed above, or am responsible for it and have the authority to execute this consent. I have read and agree to the boarding policies of AMH at Glenwood, Inc. I hereby authorize the performance of services listed above by you and your staff. I understand that a veterinarian does not occupy the hospital 24 hours per day, but does manage and care for the animals as needed. I agree to hold you harmless from and against any and all liability arising out of the performance of any procedures referred to on the occasions listed herein. I also understand that financial payments for said services are due at the time I pick up my pet(s) unless a particular service requires a deposit in advance. The balance due will then be required at the time of pick up.

Signature of Owner \_\_\_\_\_ Print Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Date \_\_\_\_\_

**\* THERE ARE TO BE NO PICK UPS BEFORE 9:00 A.M, SO THAT WE CAN PROPERLY PREPARE YOUR PET FOR DISCHARGE..**

I will not be available to pick up my pet upon boarding discharge. Therefore, I authorize the following person to pick up my pet upon discharge. I understand that all fees for services provided will still be required prior to discharge of my pet.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional Comments or Requests:

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