

Animal Medical Hospital At Glenwood Boarding Consent Form

Drop off Date: _____ **Pick up Date** _____ * Please arrive to pick up your pet between 9am-2pm. After 2pm there is an additional charge for boarding.

Client's Name: _____ **Pet's Name:** _____

Regular Veterinarian: _____

❖ **Please indicate any additional services that you would like performed while your pet is boarding?**

_____ **Client Initials**

❖ **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 _____

A \$4.00 per 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 \$2.00 per medication per day

❖ **Have medications been given today? AM _____ PM _____ No _____**
(Indicate time given)

❖ **Is your pet currently on any flea or tick medication? Yes _____ No _____**

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

❖ **Would you like us to apply a single application of Flea/Tick Prevention? Yes _____ No _____**
There is a \$4.00 application fee, plus the medication cost which is based on the weight of your pet.

❖ **If your pet has a tendency to chew, please let our staff know so that we may remove these items. Remove bedding? Yes _____ No _____**

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FEEDING INSTRUCTIONS

Hospital Diet ()	OTHER: ()	Indicate Food Brand	Does Your Pet Eat:
			AM _____ PM _____
Amount You Feed			
Has Your Pet Eaten Today: AM () PM ()			

WALKS AND PAYTIME

All dogs are leash walked in the morning and in the evening. An additional leash walk or off leash play time may be added one per day. The additional leash walk is \$4.50 per day and the additional off leash play time is \$15.00 per day

**EXTRA WALKS AND PLAY TIME ARE DONE ONCE PER DAY WEATHER PERMITTING
MONDAY – SATURDAY**

❖ Would you like your dog to receive an additional walk? Yes _____ No _____ Initial _____

OR

❖ Would you like your dog to receive off leash play time? Yes _____ No _____ Initial _____

(Please only choose one option additional on leash walk or additional off leash play time)

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 _____

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 _____