

BOARDING ADMISSION FORM

KOTHMANN PET HOSPITAL

Owner's Authorized Agent's Name: _____ Day In: _____ Day Out: _____

Pet's Name _____ Sex F Spayed F M Neutered Male

Pet's Name _____ Sex F Spayed F M Neutered Male

Pet's Name _____ Sex F Spayed F M Neutered Male

The undersigned hereby warrants that he/she is the owner or authorized agent for the owner of the above named animal and does hereby request, consent, and authorize Kothmann Pet Hospital, its veterinarians, personnel and agents to board, care for, and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment of any condition that may endanger other animals and hereby agrees to pay the customary charges for such treatments. This includes but is not limited to, parasites and infectious viruses.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that they the undersigned will remain fully responsible for the cost of all services provided by Kothmann Animal Hospital and its authorized agents and professionals.

All animals admitted must be current on their vaccinations and must be free of external parasites. Any animal found to have fleas or ticks will be treated at owners' expense. We are not responsible for the loss of items left at the clinic, such as leashes, toys, bedding, etc.

Emergency Phone Number: _____

Special Instructions: _____

Additional Authorized Work:

- | | |
|--|--|
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Heartworm Test |
| <input type="checkbox"/> Vac: RV, DHLPPC, Bordetella, Flu, FVRCP, FeLV | <input type="checkbox"/> FeLV/FIV Test |
| <input type="checkbox"/> Fecal Exam | <input type="checkbox"/> Nails/Anal Sacs |
| <input type="checkbox"/> Bath | |
| <input type="checkbox"/> Other _____ | |

Items Left: _____

Estimate of Fees:

Boarding Fee _____	Nights @ _____	=\$ _____
Heartworm/Flea Rx _____	Doses @ _____	=\$ _____
Medication Fee _____	Doses @ _____	=\$ _____
Other _____	Times @ _____	=\$ _____
	Boarding Fee	=\$ _____
	Additional work Fee	=\$ _____
	Total Estimated Fees	=\$ _____

No animal will be discharged without full payment. If I neglect to pick up pet within five (5) days of the above date, you may assume that the pet is abandoned, and you are authorized to dispose of the pet.

Signature of Owner of Authorized Agent

Date