

# Quail Creek Veterinary Clinic Boarding Admission:

Owner:

Date:

Street Address:

Cell phone:

City:

State:

Work phone:

Emergency contact and phone number:

Pets Name:	(1). <input type="text"/>	Breed: <input type="text"/>	Sex: <input type="text"/>	Age: <input type="text"/>
	(2). <input type="text"/>	Breed: <input type="text"/>	Sex: <input type="text"/>	Age: <input type="text"/>
	(3). <input type="text"/>	Breed: <input type="text"/>	Sex: <input type="text"/>	Age: <input type="text"/>
	(4). <input type="text"/>	Breed: <input type="text"/>	Sex: <input type="text"/>	Age: <input type="text"/>

Date to be picked up:  Am:  Pm:

## SPECIAL INSTRUCTIONS

Medications to be given:	1	<input type="text"/>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>
	2	<input type="text"/>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>
	3	<input type="text"/>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>
	4	<input type="text"/>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>
	5	<input type="text"/>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>

While in hospital check:	1	<input type="text"/>
	2	<input type="text"/>
	3	<input type="text"/>
	4	<input type="text"/>

Items brought with pet:

**Quail Creek Veterinary Clinic is not responsible for items brought from home that may be lost or damaged while boarding.**

Feeding Instructions:

*(\*\*All pets will be fed twice a day, unless otherwise instructed)*

*If tranquilization is needed for handling or treatment of the above pet(s), I give permission to Quail Creek Veterinary Clinic to administer such medications.*

*All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc) AND current preventives. Any pets presenting with external parasites will be treated upon entry at the expense of the owner.*

*Should an emergency situation arise, I authorize Quail Creek Veterinary Clinic to initiate treatment until I can be contacted. If I cannot be contacted, I authorize them to treat my pet(s) as deemed necessary by the on staff veterinarian. All treatment performed are the financial responsibility of the owner/agent.*

*Pets are discharged during normal business hours and Sundays between 4 and 4:30 pm. If I neglect to pick up the listed pet(s) after 5 days of the pick-up date listed above, you may assume the pet abandoned and Quail Creek Veterinary Clinic is authorized to assume ownership and deal with the pet as deemed best and necessary.*

X

Signature of owner or representing agent