

HARLEYSVILLE VETERINARY HOSPITAL

MEDICAL BOARDING FORM

Pet's Name: _____ Boarding Dates: _____ to _____

Owner's Name: _____ Client ID: _____

Emergency Contact (name/number): _____

Medical Condition/s: _____

MEDICATION INFORMATION

Medication	Dose	Frequency (Once, twice etc.)	Date /time last given	Next dose due

***Twice day medications will be administered approximately 12 hours apart**

FEEDING INFORMATION

Brand/ Type (canned/ dry)	Amount fed	When

ADDITIONAL SERVICES

(Please check the additional services you want to include)

<input type="checkbox"/> Ear Cleaning	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Vaccines	<input type="checkbox"/> Other

PERSONAL ITEMS LEFT WITH PET:

***All personal belongings are subject to be washed, as needed, using bleach products.**

SPECIAL INSTRUCTIONS:

I, the undersigned owner, or authorized agent of the owner give consent to the examination of this pet by staff veterinarians at this veterinary practice, if needed. If an emergency arises, I understand that every reasonable effort will be made to contact me as soon as possible. I understand that every moment is critical in such an emergency, thus, I give Harleysville Veterinary Hospital authorization to proceed as follows (**select one**):

(Owner's initials) _____ Harleysville Veterinary Hospital staff **has my permission** to provide emergency resuscitation and I agree to pay for such care (\$50-\$200).

(Owner's initials) _____ Harleysville Veterinary Hospital staff **does NOT have my permission** to provide emergency resuscitation.

I agree to indemnify and hold Harleysville Veterinary Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

I understand that full payment for services performed is expected at time of pick up. I will render payment in the form of:

_____ Cash _____ Check _____ Debit Card _____ Master Card _____ Visa _____ Discover _____ Care Credit

Signature of Owner or Authorized Agent

Date