



Sunnymead Animal Hospital Boarding Admission Form

CLIENT INFO

Client Name: _____ Phone: _____

Cell Phone: _____ Phone 2: _____

I authorize the Doctors at Sunnymead Animal Hospital to provide medical treatment for my pet if I or my designated agent cannot be reached for authorization. I understand that I will be financially responsible for any charges incurred during necessary treatment.

Signed: _____ Date: _____

PET INFO

Pet Name: _____ Breed/Color: _____

This pet needs the following medications:

Medication	Dosage Instructions

Special Instructions:

RESERVATION INFO

Drop Off _____ Pick-Up _____

Date _____ Date _____

Time _____ Time _____

Please call if you need to change your pick-up time.

EMERGENCY INFO

In case of emergency please contact

Phone: _____

Is this person is authorized to make medical and financial decisions for your pet? YES NO

OFFICE USE ONLY

Canine Exam _____ DHPP _____ BORD _____ RAB _____

Feline Exam _____ RCP _____ RAB _____



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Sunnymead Animal Hospital is not responsible for any items left with your pet. _____

There is an additional fee for any medications or supplements given to your pet while boarding _____

Bordetella is an airborne bacterium that causes "Kennel Cough." Sunnyme-
mead Animal Hospital takes every precaution to limit the spread of the bacte-
ria. You understand that there is always a chance that your dog could get
kennel cough. Any necessary treatments will be at the owner's expense. _____

If your pet has an emergency and we are not able to reach you or your agent,
the Doctors will perform all necessary treatments to ensure that your pets
health is maintained. You will be responsible for any charges incurred. _____

Some common after-boarding occurrences are diarrhea and extreme thirst. If
your pet experiences these symptoms, please contact us with any questions. _____

Payment in full for all services rendered is required before your pet's release.
A deposit may be required for extended stays. _____

Your pet should be on monthly flea control, if fleas are found during board-
ing admission, your pet will be treated for fleas with either Capstar or Front-
line at the owner's expense. _____

Drop-offs and pick-ups are available only during normal business hours—
there is no Sunday drop-off or pick-up. _____

I have read and understood the above information.

Owner/Agent

Date