

## Greywolf Veterinary Hospital – Boarding Admission

Local emergency phone: \_\_\_\_\_

Travel emergency Phone: \_\_\_\_\_

Alternate person authorized to pick up pet:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Boarding Period: Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

Other procedures requested:

- Toenail Trim
- Anal gland expressed

Other: \_\_\_\_\_

**Please read:**

For the protection of all pets in our care, every animal entering our facility must be free of external parasites (fleas, lice etc.) or they will be treated at the owner's expense. All pets boarding must be current on vaccinations. Written proof of vaccinations must be provided before boarding the pet. If the pet is found to be aggressive and dangerous to the staff or other animals, additional charges for special handling will be added to the total bill.

I understand that if my pet(s) should require medical attention in my absence that attempts will be made to contact me. In the event that I cannot be immediately contacted, please use the following as a guide:

**(CHOOSE ONE AND SIGN)**

**Give my pet(s) the highest care.** Do any and all diagnostic tests, treatments, and surgeries necessary for the well-being of the pet(s). I accept full financial responsibility for all charges related to the treatment of my pet(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Give my pet(s) the highest care, but not to exceed \$ \_\_\_\_\_.** I understand that if the proposed treatment exceeds the amount designated, my pet(s) will NOT receive further medical treatment (beyond basic supportive care) until I can be contacted. I will be responsible for all charges accrued during that time period.

Signature \_\_\_\_\_ Date \_\_\_\_\_