

RED BANK ANIMAL HOSPITAL, PC
4416 Dayton Blvd, Chattanooga, TN 37415

Charles O. Conley, D.V.M.-Michael H. Wilke, D.V.M.- Liz Boggan, D.V.M.- Melissa Swift, D.V.M.

Boarding Form

1. All patients will be given a Capstar (Flea) pill on the day they go home. Cost \$5.80
2. Any patients with meds will have a daily administering meds fee of \$8.80 per day.

Today's date: _____ Check out date: _____

Person to contact in case of an emergency: _____

Vaccines/Procedures to be done

- | | DUE | DECLINED/NOT DUE |
|--------------------|-----------------------|-------------------------|
| • Rabies: | <input type="radio"/> | <input type="radio"/> |
| • Distemper/Parvo: | <input type="radio"/> | <input type="radio"/> |
| • Kennel Cough: | <input type="radio"/> | <input type="radio"/> |
| • Exam: | <input type="radio"/> | <input type="radio"/> |
| • Nail Trim: | <input type="radio"/> | <input type="radio"/> |
| • Anal Glands: | <input type="radio"/> | <input type="radio"/> |
| • HW Test: | <input type="radio"/> | <input type="radio"/> |
| • Bloodwork: | <input type="radio"/> | <input type="radio"/> |

Pet #1

Are there any medications to be given? Yes: _____ No: _____

1. _____ Next Dose Due: _____
2. _____ Next Dose Due: _____
3. _____ Next Dose Due: _____

- | | DUE | DECLINED/NOT DUE |
|--------------------|-----------------------|-------------------------|
| • Rabies: | <input type="radio"/> | <input type="radio"/> |
| • Distemper/Parvo: | <input type="radio"/> | <input type="radio"/> |
| • Kennel Cough: | <input type="radio"/> | <input type="radio"/> |
| • Exam: | <input type="radio"/> | <input type="radio"/> |
| • Nail Trim: | <input type="radio"/> | <input type="radio"/> |
| • Anal Glands: | <input type="radio"/> | <input type="radio"/> |
| • HW Test: | <input type="radio"/> | <input type="radio"/> |
| • Bloodwork: | <input type="radio"/> | <input type="radio"/> |

Pet #2

Are there any medications to be given? Yes: _____ No: _____

1. _____ Next Dose Due: _____
2. _____ Next Dose Due: _____
3. _____ Next Dose Due: _____

I authorize Red Bank Animal Hospital to do whatever necessary should an emergency arise, such as laboratory testing, x-rays, or surgery. If tranquilization is necessary for treatment or handling, I give my permission to administer such medications.

Pets are to be released only during regular office hours.

SIGNED: _____