

MOUNTAINSTONE VETERINARY HOSPITAL, PC

1626 Stuart Road – Cleveland, TN 37312 – Phone (423)559-9911



FORM MUST BE COMPLETED EACH VISIT

Drop Off Date: _____

Pick Up Date: _____

Boarding is charged by the day and pets picked up after 2:00 pm Monday – Friday will be charged an additional day of boarding.

Owner Name: _____ Phone: _____

Pet Name: _____ Species: _____ Breed: _____ Sex: _____

Emergency Contact: _____ Emergency Phone: _____

Names of people authorized to drop off/pick up your pet _____

Feeding Instructions

Feed Mountainstone food (Purina EN) Yes _____ No _____ Feed own food – Name of food _____

Special feeding instructions _____

Medication Instructions

Medication: _____ Dosage: _____ Last dose given: _____

If pet is noted with diarrhea, we will hold one feeding and attempt to reach you at the number provided. If diarrhea persists and we are unable to reach anyone, I authorize medication to be administered to treat diarrhea. _____ (initial)

Medical Information

To prevent the spread of disease while your pet is in our care:

1. Dogs must be current on Rabies, Bordetella, Distemper, and Parvo vaccinations and flea control.
2. Cats must be current on Rabies, FVRCP vaccinations and flea control.
3. Animals whose vaccinations and flea control are not up to date must be vaccinated or treated by Mountainstone Veterinary Hospital, PC prior to admittance and at the owner’s expense or they will not be allowed to board. Each pet will be given a Capstar for flea control before they board and you will be charged a fee of \$6.25. *This policy assures your pet’s safety and our flea free status.*

Additional Services While Boarding

Personal Belongings – all items must be labeled

Leashes: _____ Toys: _____ Blankets/Bed/Carriers: _____

While boarding at Mountainstone Veterinary Hospital, PC your dog will have the option to receive a basic bath for a fee of \$16.00.

YES, I want my pet bathed (\$18) _____ YES, I want a nail trim and anal glands in addition to the bath for \$6 (\$24 total) _____

NO, I DO NOT want my pet bathed _____

Credit Policy

Payment is required in full at the time services are rendered. A \$35.00 fee will be charged for all returned checks. Accounts requiring legal action agree to pay collection costs and reasonable attorney’s fees.

I authorize the staff at this facility to perform any necessary vaccination and/or flea control procedures and in the event of an emergency, any medical or surgical procedures necessary for the health and immediate well-being of my pet. I agree to pay in full for my pet’s boarding and emergency and/or requested medical care at the time of discharge. I fully intend to pick up my pet on the above specified date. If circumstances change, I will notify Mountainstone Veterinary Hospital, PC of the new pick up date and assume responsibility for any additional charges incurred. Animals can only be picked up during normal business hours. There will be a daily charge for boarding until the facility opens for discharge. I certify that I am the owner or the owner’s authorized agent of this pet. I authorize the release of my pet to Mountainstone Veterinary Hospital, PC. I have read and fully understand the above policies and agree to the terms stated.

Signed: _____ Date: _____