

# Appleseed Valley Veterinary Hospital

2690 Lexington Ave. Lexington, Ohio 44904 (419) 884-1074

Abel D. Hittinger, D.V.M. & Jobe A. Hittinger, D.V.M.

BOARDING FORM for \_\_\_\_\_ Owner: \_\_\_\_\_  
Animal(s) Name First & Last Name

CHARGES: \$14.00 per day for dogs and \$11.00 per day for cats.

**NOTE: Pets requiring injections or controlled substance medications will be charged \$17.00 per day.**

**Charges begin the day of drop off.  
If picked up before 10:00 A.M. you will not be charged for that day.**

Emergency Name & Number: \_\_\_\_\_

Board from \_\_\_\_\_ through \_\_\_\_\_

Does your pet require any medical attention while boarding? No  Yes

If yes, explain: \_\_\_\_\_

List and describe all items brought with pet:

Bedding/Blankets:	Toys:	Food/Treats/Bones	Miscellaneous:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please note, if you have brought your own bedding, your pet may chew on or soil these items. We will launder them for you; however, this might mean they are not ready for you on the day you pick your pet up. Also, we are not responsible for any damages to these items.

\*Please note, if you have brought your own toys, chews or any other miscellaneous item, we are not responsible for any damages to these items. Furthermore, if the item causes a medical problem with your pet, we will treat appropriately and you are financially responsible.

Is your pet on any regular medications? No  Yes  If yes, please describe below.

Medication		Give		capsule/tablet/liquid at		AM/PM and		AM/PM
Medication		Give		capsule/tablet/liquid at		AM/PM and		AM/PM
Insulin		Give		units subcutaneously at		AM/PM and		AM/PM
Additional comments:								

Feeding Instructions:  Kennel Food (Science Diet Adult)  Own Food

Amount: \_\_\_\_\_ How many times daily: \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

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I will be boarding my pet with Appleseed Valley Veterinary Hospital. I have informed Dr. Hittinger and/or his staff of all medical and behavioral problems of which I am aware. My pet has no transmittable diseases or parasites of which I am aware. In the event of illness or accidental injury to my pet during his/her stay at Appleseed Valley Veterinary Hospital I authorize Dr. Hittinger to administer appropriate, reasonable care and I agree to be financially responsible holding Dr. Hittinger and/or his staff and Appleseed Valley Veterinary Hospital, Inc. harmless for same. PLEASE NOTE: IF YOUR PET IS FOUND TO HAVE FLEAS/ INTESTINAL PARASITES, WE WILL APPLY THE NECESSARY PREVENTATIVE AND ADD COST TO YOUR BILL.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

Tech: \_\_\_\_\_