

# BOARDING CHECK IN FORM

Owners Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Pick Up \_\_\_\_\_

Emergency Contact Name and Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_

Pet Name(s)	Medication	Grooming	Special Instructions
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____

Pet's belongings (bed, crate, toys, food, etc. ). \_\_\_\_\_  
\_\_\_\_\_

## Medical Illness Policy

If your pet(s) become ill, we will call the emergency number listed above regarding your pets symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we will perform the minimal necessary treatments to relieve immediate discomfort or to resolve an important "emergency" medical condition. This includes only non-elective treatments and necessary diagnostics.

I, hereby authorize Admiral Veterinary Hospital, assigned doctors and/or staff, to administer treatment as they consider therapeutically and/or diagnostically necessary and surgical procedures of an emergency nature. I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. I, hereby release Admiral Veterinary Hospital, assigned doctors and staff from all claims, legal, or equitable, arising out of the treatment rendered by Admiral Veterinary Hospital, affirm that no guarantee or assurance has been made as to the results that may be obtained. I have read and understand the above.

Signature of person responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_