



Bradfordville Animal Hospital

Owner's Name _____ Pet(s) _____

Can any pets stay together? Y/N Which ones: _____

Arrival Date: _____ Departure Date: _____ Pick up time: _____

EMERGENCY PHONE NUMBER: _____ Name: _____

Other Person (s) authorized to pick up: _____

FOOD:			
Y/N	Clinic Food (Hill's Science Diet)	Y/N	Own Food # cups () how often:
Special Feeding Instructions:			

SERVICES:			
Y/N	Bath	Y/N	Doctor Exam,
Y/N	Brushing		Describe problem:
Y/N	Nail Trim	Y/N	Vaccines needed
Y/N	Grooming	Y/N	Fecal Exam needed
	Grooming Instructions:	Y/N	Other _____

MEDICATIONS:				
Pets Name:	Medication Name:	Dose:	How often:	Begin:

ITEMS LEFT WITH PET:	
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Due to the large number of animals being boarded, Bradfordville Animal Hospital is not responsible for lost or damaged articles.

Bradfordville Animal Hospital is committed to doing all that is possible to insure the health and safety of pets in our care. Because of this, all pets entering the hospital must be current on vaccinations and free from internal and external parasites (fleas & ticks). If you obtain your vaccines at another veterinary hospital and we are unable to verify the vaccines are current by close of business the day you drop off, we will vaccinate you pet per our hospital policy at the owner's expense.

Because boarding can be a stressful experience, your pet may exhibit symptoms that require medical attention. Should this occur, we will undertake only the amount of treatment we feel is necessary to help your pet. Appropriate charges will be assessed on the final bill.

Thank you for entrusting your pet to our care!

I have read the above and understand and agree to its content.

Signature: _____



Bradfordville Animal Hospital SUITE BOARDING

Owner's Name _____ Pet(s) _____

Can any pets stay together? Y/N Which ones: _____

Arrival Date: _____ Departure Date: _____ Pick up time: _____

EMERGENCY PHONE NUMBER: _____ Name: _____

Other Person (s) authorized to pick up: _____

FOOD:			
Y/N	Clinic Food (Hill's Science Diet)	Y/N	Own Food # cups () how often:
Special Feeding Instructions:			

SERVICES:			
Y/N	Extra Playtime	Y/N	Doctor Exam, problem _____
Y/N	Daily Brushing	Y/N	Vaccines needed
Y/N	Nail Trim	Y/N	Fecal Exam needed
Y/N	Bath	Y/N	Other _____
Y/N	Extra Walks /day: 1 2	Y/N	Extra treats

MEDICATIONS:				
Pets Name:	Medication Name:	Dose:	How often:	Begin:

ITEMS LEFT WITH PET:	
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