

Surry Animal Hospital, P.A.

926 Reeves Drive
Mount Airy, North Carolina 27030
(336)789-9054

Boarding Check In

Date: _____

Thank you for allowing us the opportunity to care for your pet today. Please help us better meet your needs by taking a few minutes to complete both sides of this information sheet. Once completed please return this to the receptionist and someone will be with you shortly.

Pet Owner: _____ Pet's Name: _____
Date and Time of Drop Off: _____ Date and Time of Pick Up: _____

I understand that my pet must be current on all vaccinations prior to boarding. If proof of vaccinations is not presented at the time of boarding, the vaccinations will be given and I agree to pay for those services.

If my pet becomes ill or an emergency arises I authorize the doctors and staff of Surry Animal Hospital, P.A. to perform diagnostics and treatment medically necessary for the health and comfort of my pet during boarding. If the charges for these services exceed \$50 every attempt will be made to contact me. However, services will NOT be withheld if I am not reachable. For charges less than \$50, NO attempt will be made to contact me. I will be financially responsible for the services rendered.

Please list any medications and/or preventatives (heartworm, flea, etc) that need to be given during boarding:

Medication	Dosage	Times per Day	Medicine Provided (Y/N)

***If you do not provide the medication required for your pet, you will be charged for the medications.

Please be aware of the following problems concerning my pet:

Would you like for your pet to be bathed before being picked up? **Y or N** Please see the receptionist about pricing for your pet.

(Continued on back)

Feeding Instructions (include how much and how often). If we do not carry the type of food you feed your pet, you may need to leave food.

Name of Food **Dry/Canned** **Amount** **Times Per Day**

IN CASE OF EMERGENCY, please contact:

Name **Phone Number (Day)** **Phone Number (Night)**

My pet will be picked up on (Date)_____ at (Time)_____ a.m./p.m.

Preferred Method of Payment (Circle): Cash Check MasterCard Visa Care Credit

All charges including boarding costs shall be paid upon release from the hospital. A written estimate can be provided if requested. If the pet is not picked up within 7 days after the time specified for return and if this office is not notified in writing of an alternate date within the 7 day period, the animal will be considered abandoned and will assume ownership from that date forward. It is understood that this does not relieve me from paying for all costs of services and use to the hospital including the cost of boarding.

After carefully reading the above, I certify that I am greater than 18 years of age and have signed in agreement.

Owner or Responsible Party

For Office Use Only:

Current vaccinations for the following:

Rabies_____ Distemper___Hepatitis_____Parvo__Para__Bord_____HWT_____

Calici_____Rhino_____Panleukopenia_____FIV Test_____FeLV Test_____

Check the following when complete:

CC_____ Lic_____ Initial_____