

East Dallas Veterinary Clinic

8541 Ferguson Rd.
Dallas, TX 75228
(214) 328-9935

BOARDING CHECK-IN AND RELEASE

Client Name _____ Pet Name(s) _____ Date _____

Thank you for choosing East Dallas Veterinary Clinic for the care and boarding of your pet. Please take a few minutes to answer some important questions that will help us make your pet(s) stay a healthy and enjoyable one.

- 1) Has your pet(s) been exhibiting any unusual signs or symptoms (sneezing, coughing, upset stomach, etc.) that we should be aware of during your pet(s) stay with us? yes no

If yes, what are they? _____

- 2) Are there any special exams (ears, eyes, skin, etc.) that need to be performed on your pet(s)?
 yes no

If yes, what would you like done? _____

Please check off any other special services that your pet(s) need?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> bath | <input type="checkbox"/> anal gland expression |
| <input type="checkbox"/> nail trim | <input type="checkbox"/> dental exam/cleaning |
| <input type="checkbox"/> ear cleaning | <input type="checkbox"/> flea control |
| <input type="checkbox"/> other _____ | |

- 3) Will you be leaving food for your pet(s)? yes no

If not, what type of food does your pet(s) eat? _____

(If a special diet needs to be opened then the food will be added to the bill)

How many times a day do you feed your pet(s)? _____ times a day

- 4) Are there any medications that need to be given during your pet(s) stay (additional charge of \$6.00 per day for administering medications)?

yes no (medications not supplied by owner will incur additional charges)

Please list any other items left with pet(s) _____

- 5) Where can we reach you (or an authorized agent) in case of an emergency? _____

In case of illness or injury, I the undersigned, do hereby give my consent for the veterinarian(s) of East Dallas Veterinary Clinic (the Hospital) to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Hospital. I understand that every effort will be made to contact me prior to any procedures being performed but emergency and/or necessary treatment will not be withheld if contact is not made. Any pet(s) not currently vaccinated (including bordatella for dogs) or that is infested with parasites (**including fleas and ticks**) will be treated at an additional expense. The Hospital is to use all reasonable precautions against illness, injury, or escape of my pet(s), but the Hospital will not be held liable or responsible for care or treatments that are beyond it's control. I agree to allow my pet(s) previous records to be released as needed for my pet(s) stay at the Hospital.

All pets may be picked up anytime during our regular business hours. If your pet(s) will receive a bath upon discharge, please try to come later in the day so that he/she has time to dry. Thank You!

Owner assumes responsibility for loss of and/or damage to all items (leashes, toys, towels, etc.) left with their pet(s)

Signature of Owner or Authorized Agent

Date of Pick-Up

Morning - Noon - Afternoon
Pick-Up Time (circle one)