

# Palos Animal Hospital

11917 S. Harlem Avenue  
Palos Heights, IL 60463

Telephone (708)448-6600

## Boarding Admission Form

Owner's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Release \_\_\_\_\_

Emergency Names & Numbers \_\_\_\_\_

If medications are necessary for treatment or handling, I give permission to the Palos Animal Hospital to administer such medications. I understand that there will be a charge for the dispensing and administration of these medications. I also authorize the Palos Animal Hospital to do whatever is necessary in case of illness or an emergency situation.

Your initials here > \_\_\_\_\_

**A MEMBER OF THE PALOS ANIMAL HOSPITAL TEAM WILL DEFINITELY CALL YOU IF AN EMERGENCY SITUATION ARISES, BUT DO YOU WANT US TO CALL YOU IF YOUR PET HAS MORE MINOR PROBLEMS SUCH AS DIARRHEA, NOT EATING WELL, ETC. Yes ( ) No ( )**

All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.).

All dogs boarding receive a free cleansing bath (no comb out).

Do you wish to have your dog bathed? Yes ( ) No ( )

- Have you brought your pet's food with you? Yes ( ) No ( )
- What brand did you bring with you? \_\_\_\_\_
- Your pet's feeding routine? \_\_\_\_\_
- Medications (**NOTE**: There is an additional fee for administration of medications) \_\_\_\_\_

- Did you bring any special items with your pet (blankets, toys, etc.)? Yes ( ) No ( )  
If "Yes", please fill in descriptions of items on the following page as indicated.
- Any other instructions? \_\_\_\_\_

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## **Pick-up of Animals and Disposition of Abandoned Animals**

I expressly understand and agree that any animal not picked up within ten (10) days of the date of mailing a notice to the owner at the address set forth, by regular first class mail, shall be deemed to have been abandoned by the owner and may be disposed of by the Palos Animal Hospital in such a manner as the hospital deems appropriate. Said notice shall be deemed given on the date of mailing.

The undersigned certifies that they have read and fully understands this agreement and releases the hospital and all employees, or officers thereof, from any and all liability with regard to the disposition of the animal, and agree to be financially responsible for all charges incurred by the hospital for the housing of the animal.

The undersigned further certifies that the undersigned is the owner or authorized responsible agent of the owner, and is authorized to execute this agreement.

Signature of Owner or responsible Agent \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Today's Date \_\_\_\_\_

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## Authorization to Walk Pet Outside

\_\_\_\_\_ **I do give my permission** to the Palos Animal Hospital to walk my dog outside while he/she is boarding at Palos Animal Hospital. I understand that this consent releases  
the  
hospital and all employees from any and all liability with regard to walking my pet outside.

\_\_\_\_\_ **I do NOT give my permission** to the Palos Animal Hospital to walk my dog outside while he/she is boarding at Palos Animal Hospital.

My Pet's Name \_\_\_\_\_

Signature of Owner or Responsible Agent \_\_\_\_\_

Date \_\_\_\_\_



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The following items have been brought for my pet while he/she is being boarded.

**Please check and describe in detail the appropriate items.**

<b><u>Item</u></b>	<b><u>Description</u></b>
___ Blanket	_____
___ Quilt	_____
___ Rug	_____
___ Towel	_____
___ Toys/ Chew items	_____
	_____
	_____
___ Treats	_____
___ Other	_____
	_____
	_____
	_____