

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: Please provide all contact information for yourself and/ or alternative contacts if you cannot be reached.

Name:	Number:	Name:	Number:
Name:	Number:	Name:	Number:

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 > _____

IMPORTANT: 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** Please list medications and time you give your pet's medication(s): (**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 in the enclosed, outdoor fenced area under supervision 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 _____

Authorization to Board My Two Pets in One Cage

**** Fill this out ONLY if you want your two pets to share a cage while boarding. ****

_____ **I give my permission** to the Palos Animal Hospital to board my two pets in the same cage instead of having individual cages for each of them.

My pets that will board together in the same cage (*Please list names*):

(1) _____ (2) _____

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.

<u>IN</u> (Initials)	<u>Item</u>	DESCRIPTION	<u>OUT</u> (Initials)
_____	Bedding	_____	_____
_____	Food	_____	_____
_____	Medication	_____	_____
		_____	_____
_____	Toys/Chew Items	_____	_____
		_____	_____
		_____	_____
_____	Treats	_____	_____
_____	Other	_____	_____
		_____	_____
		_____	_____
		_____	_____