**Client First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_**

**Species:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Boarding Drop-Off Date/ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boarding Pick-up Date/ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*PLEASE NOTE: If your pet is picked up after 9 am, a half day boarding fee will be applied. If your pet is picked up after 12 pm, a full day boarding fee will be applied. \*\*\*\*\***

**Best Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is this a cell? \_\_\_\_\_\_\_**

**Alternate Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is this a cell?\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*BEST METHOD OF CONTACT WHILE YOUR PET IS HERE: Call Best Phone Text Best Phone Email**

**Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please List Any Health Conditions/ Concerns/Treatments your pet has or is currently undergoing:**

**Please List all medications (**Pet’s brought in with medications must have all medications in original bottles with proper labeling and instructions. If medications brought in do not meet appropriate criteria and condition, new medication may be prescribed and filled by the hospital at the owner’s expense. This is for patient safety to avoid medication errors. If medication should ‘run out’ during pet’s stay, it will be refilled if necessary at the doctor’s discretion and the fee for the refilled medication will be added on to the owner’s final bill.**):**

**Medication 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last given (Date and Time):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions From Label:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last given (Date and Time):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions From Label:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last given (Date and Time):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions From Label:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication 4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last given (Date and Time):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions From Label:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication 5:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last given (Date and Time):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions From Label:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*If pet has additional medications please notate here\_\_\_\_\_\_\_\_\_\_\_ and list on bottom of form in the ‘Comments Area.’**

**Feeding Instructions:**

**Special Diet:  Yes  No Type Of Food:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How Much:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brought Own Food:  Yes  No (**If own food was not brought Hickory Ridge Animal Hospital will feed a comparable food out of the hospital’s stock this may be subject to additional fees or purchase.**)**

**\*\*\*\*\*Please List Any Additional Comments or Information (**i.e: Additional medications, requesting nail trim, afraid of thunderstorms, shreds blankets, favorite treat, likes to be scratched, likes to hide, loves balls, etc.**):**

**ACKNOWLEDGMENT:**

**\*\* IMPORTANT INFORMATION -- PLEASE READ THOROUGHLY \*\***

***\*\*All pets must be current on their Annual Physical Exam, a negative fecal exam within the last year, and the following vaccinations: Canines - Distemper, Parvovirus, Leptospirosis, Rabies, and Bordetella; Felines - Distemper, Rabies, Feline Leukemia, FELV/FIV testing (if goes outside.) If your pet has been vaccinated at another hospital or clinic, verification is needed.***

***If verification cannot be provided for vaccinations or it is discovered that vaccines are not current, a physical exam and the necessary vaccinations will be given.***

***Please understand that this is for the safety of your pet, our other boarders and hospital patients. You will be financially responsible for the cost of the physical exam and vaccines.***

***\*\*Your pet will not be examined by a veterinarian unless you request it or one of our hospital personnel notices a concern and addresses it to the veterinarian.***

***For the wellbeing of your pet, it is not always possible to leave a problem untreated until you return. We will make every attempt to contact you as soon as a concern is noticed and will treat any conditions as conservatively as possible. Examples of such conditions that could arise and necessitate treatment are diarrhea, vomiting, not eating, not defecating, urinary difficulties, and coughing.***

\*\*Boarding Fees: All fees associated with boarding are charged on a recurring daily basis from the date of drop-off until the date of discharge just like a hotel. Fees are assessed based on the staffing requirements needed to provide adequate care to the pets.

All pets will incur a full day of boarding on the date of drop-off regardless of the time they are received. An additional day of boarding along with any other associated fees will then be applied for every additional night of stay. Check-out for all boarding pet is at 9am on the day of discharge. If a pet is picked up by 9am on the day of discharge, you will not be charged for an additional day of boarding on that day. If you are running a little late, please be sure to inform the staff.

Pets being picked up after 9am but before 12pm on the day of discharge will be charged a late check-out fee equivalent to half a day of boarding (Certain other fees may still apply). If a pet is picked up after 12pm, a full day of boarding will be assessed in consideration of the staffing requirements needed to accommodate the care of the pet.

**Canine- under 50lbs:** $40.00 a day **Canine- over 50lbs:** $50.00 a day **Feline:** $35.00 a day

**Medication Administration:** $6.00 a day

(All medications must be in their original containers with clear, legible dosing instructions.)

**Medication Administration by Injection:** $12.00 a day

(All medications must be in their original containers with clear, legible dosing instructions.)

**Special Handling Fee:** $12.00 a day

(For anxious pets requiring cautious handling or pets requiring special consideration)

**Feeding Our Food:** $6.00 a day

**Feeding Own Food:** $0.00 a day

(If bringing own food, the containers must be clearly labeled, with pet’s name, feeding instructions, and brand and type of diet if it is not its original container. \*Brand and type are requested so that in the event your pet runs out of food before your return we can replace it with a comparable food from our inventory.)

**Day Boarding:** *$30.00 a day* (For pets needing to stay with us for a non-medical purpose and who will be picked up before the close of business on the same day as the day of drop-off. This fee is assessed regardless of size or breed and regardless of the stay’s duration. It is also subject to the additional fees associated above such as medication administration, feeding, special handling, etc., if applicable. If your pet ends up needing to stay the night, normal overnight boarding fees will then be applied instead of the Day Boarding Fee.)

I hereby acknowledge that I have read, fully understand, and consent to the above requirements and fees associated with boarding my pet at **Hickory Ridge Animal Hospital**.

Furthermore, I understand that **Hickory Ridge Animal Hospital** is not a 24-hour care facility and that if I am electing to have my animal kept here overnight, or over a weekend or holiday when the hospital is considered ‘closed,’ that the continuous presence of personnel will not be provided during these hours.

I further understand and agree that in the event of an emergency or illness, if I am unable to be reached, my pet will receive treatment at my own expense and at the attending Doctor’s discretion.

Therefore, in the event of an emergency or illness, I do hereby consent and authorize **Hickory Ridge Animal Hospital** and its staff to hospitalize this animal, and to perform necessary tests and diagnostics, administer vaccinations, medications, or any additional treatments that the doctor’s deem necessary for the health, safety, or well-being of the above described animal while it is under their care and supervision. I also understand and agree that there is no guarantee of successful treatment, and that the veterinarian will contact me as soon as possible.

Additionally, If the animal should injure itself in an escape attempt, refuse food, soil itself, become ill, or pass away while in the care of **Hickory Ridge Animal Hospital**, I will hold **Hickory Ridge Animal Hospital,** all of its support staff, and attending veterinarians, free of any responsibility and/or liability in the absence of gross negligence.

Furthermore, If I neglect to pick up the animal by the above agreed upon date, and within seven (7) days of written notice which is mailed to the above address that the pet is scheduled for release, and in the absence of further correspondence regarding my intentions, **Hickory Ridge Animal Hospital** may assume that the pet is abandoned. I further acknowledge and agree that in cases of abandonment, after appropriate attempts of communication have been made, **Hickory Ridge Animal Hospital** is authorized to arrange for the animal’s disposition as they see fit and will further hold **Hickory Ridge Animal Hospital,** all of its support staff, and attending veterinarians, free of any responsibility and/or liability in the absence of gross negligence. I further acknowledge and agree that abandonment does not release me of my obligations for any fees incurred by the pet and in the attempts of **Hickory Ridge Animal Hospital** to reach me.

I certify that I own/have assumed responsibility for all charges incurred to the above pet and agree to pay all such charges at the completion of this visit/stay.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Technician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_\_\_**