

COUNTY LINE ANIMAL HOSPITAL
DROP- OFF EXAM/TREATMENT/BOARDING FORM

PET'S NAME: _____

CLIENT NAME: _____ PHONE: _____

ALTERNATE CONTACT: _____ PHONE: _____

List problems that your pet is having, pertinent history leading up to the current condition:

List items you brought for your pet (e.g. blankets, toys, dishes, treats):

List medications, dose and frequency that your pet is on:

Food that pet will eat while it is here at our hospital:

Kennel Diet: _____ or Own Food: _____

Amount to feed: _____ Once/day [] Twice/day []

Is your pet sensitive or allergic to any medications or food [] no [] yes

Please list: _____

This hospital requires the following vaccines be update to date during any hospital stay. (Proof from administering veterinarian is required or will be updated at time of boarding entry):

Dogs: RABIES BORDETELLA DHLPP

Cats: RABIES

****All pets will be treated for fleas/ticks upon boarding entry at owner's expense (additional \$7.00)**

EXIT BATH: YES or NO

In admitting my pet(s) for boarding, diagnostics, treatment, or surgery, I authorize the veterinarians of County Line Animal Hospital and their support staff to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. If your pet becomes ill while staying at our hospital, he/she will be treated appropriately at owner's expense and you will be contacted at the number you provide on this form. In cases where we cannot reach you, your alternate contact be notified.

FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

Signed: _____ Date: _____