



GENERAL BOARDING

Owner's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Pet Name _____
 Dog Cat Other _____
 Age _____ Sex: M F N S
 Breed _____ Color _____

Pet Health Insurance Carrier _____

Phone numbers where you can be reached while away:

Work _____ Cell _____ Other _____

Current on vaccinations? Y N Check-in weight _____ Check-out weight _____

Please complete the following:

List any medications you wish your pet to receive while boarding (\$5.00 per day medication fee):

What is your pet's normal diet?

How many times daily is your pet fed? _____ AM PM Continuous

Please list any special instructions, special considerations we should be aware of, or medical services request:

Emergency Phone number or Contact _____

Party(s) authorized to pick up your pet on your behalf* _____

**I understand charges must be paid in full at the time of my pet's release, even if I have authorized someone to pick up my pet on my behalf. I authorize my charge card to be charged for the full amount due, if the authorized person cannot pay at time of pet's release.*

Credit Card: Visa MC AmEx Discover Acc# _____ Exp Date _____

Name on Card _____

Signature of owner or responsible party _____

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility.

I authorize Animal Avian Hospital of the Village (AAHV), Dan Jordan DVM, agents, and representatives to board and care for my pet as needed. I understand that if my pet becomes ill while under AAHV care, every effort will be made to contact me. If I cannot be contacted, my pet will be treated as deemed necessary and I will be responsible for the charges. ALL ITEMS left at AAHV including cages, perches, dishes, toys, and towels ARE LEFT AT MY OWN RISK. I release AAHV from liability for any lost or damaged items.

All pets hospitalized must be current on all vaccinations. If documentation cannot be provided or verified, I understand my pet will be vaccinated at the owner's expense. Any pet brought into the clinic with internal or external parasites, will be treated at the owner's expense.

Signature of Owner or Agent _____ Date _____

Print Name _____

Witness to above signature _____ Date _____