

**HARLEYSVILLE VETERINARY HOSPITAL MEDICAL BOARDING FORM**

Pet's Name: \_\_\_\_\_ Boarding From \_\_\_\_\_ to \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Emergency Contact Number(s) \_\_\_\_\_

Medical Condition: \_\_\_\_\_

**MEDICATION INFORMATION**

Medication	Amount and frequency per day	What Time?	Last time given

Twice a day medications are administered approximately 12 hours apart based on the hospital's schedule.

**FEEDING INFORMATION**

What kind of food?	How much should we feed?	How often?

**ADDITIONAL SERVICES**

(Please check the additional services you want to include)

<input type="checkbox"/> Ear Cleaning	<input type="checkbox"/> Toe Nails Trim	<input type="checkbox"/> Vaccines	<input type="checkbox"/> Other:

**WILL THE PET HAVE ANY PERSONAL ITEMS WHILE BOARDING WITH US?**

If so, please list them below

All personal belongings left with pets will be washed as needed using bleach products.

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INSTRUCTIONS/CONCERNS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned owner, or authorized agent of the owner give consent to the examination of this pet by staff veterinarians at this veterinary practice, if needed. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my pet. I understand I will be responsible for all charges incurred at checkout.

I agree to indemnify and hold Harleysville Veterinary Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

**I understand that full payment for services performed is expected at time of pick up. I will render payment in the form of:**

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Debit Card \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Care Credit

\_\_\_\_\_  
**Signature of Owner or Authorized Agent**

\_\_\_\_\_  
**Date**