

Owners name: Emergency Contact phone number: Pets name(s): Boarding Form for: Drop off Date: Exit Bath? Yes No (Bath Fee based on pet's weight), Nail Trim? Yes No All Pets are required to be up to date on Vaccines. Proof is required. Medical Information: Does your pet have any medical conditions?				
			Is your pet on any medications other than heartworm and flea prevention? Yes No .If yes, please list and how often it is given:	
			Any given today? Yes No	
			Behavioral:	
			Has your pet ever bitten anyone?	
			Yes No	
			Does your pet dig or climb fences?	
			Yes No	
Does your pet shred/eat bedding or blankets? Yes No				
Feeding instructions (circle one):				
Brought my pets food Feed Clinic Food (Science Diet Adult)				
How much do you feed at each meal? How many times				
per day?				
Belongings:				
Items left with pet: Carrier, Collar, Leash, Toys, Blanket/bedding, Meds Description of items left:				

**** Even in the most hygienic, well ventilated, spacious dog facilities the possibility of a pet catching "kennel cough" exists. Kennel cough and other respiratory illnesses can be acquired from your neighbor's dog, dog parks, as well as the sidewalk that runs in front

of your home. Your vaccinated pet can STILL pick up kennel cough even after receiving the Bordetella vaccine. Much like the common cold or flu there are many variations to kennel cough and some are covered by the vaccine while others are not. Be aware that Kennel Cough is a nation wide issue right now and though we require all animals staying in our facility to be vaccinated, and routinely disinfect the facility we are still battling this.

I, the undersigned owner or designated agent, hereby authorize Baldwin Animal Clinic (hereinafter "Hospital) to board my pet during the dates listed above. I also hereby authorize the Hospital to perform the service I requested while my pet is boarding. The hospital will attempt to notify the owner if the pet becomes ill while boarding. If the owner does not inform the hospital otherwise regarding measures to be taken, or if the state of the animal's health reasonably demands quick action in the opinion of the veterinarian, the hospital will administer medical and /or surgical treatment as needed, for which the owner is 100% financially responsible, until the owner can be notified.

As the owner of the said animal, I realize that I am responsible for the boarding fees, and any associated costs, and for the payment of services I requested and that they are to be paid in full at the time the animal is discharged. If I do not pick up the animal within five (5) days of the scheduled pick-up date, the hospital will assume the animal is abandoned. If the animal is abandoned, the hospital is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

I understand that Baldwin Animal Clinic is not held responsible for the loss of personal items (blankets, toys, ect.) while my pet is hospitalized. I also understand and acknowledge that the hospital is not staffed 24 hours a day.

Sianature:

Date:	
Emergency Contact Number(s):	
	Payment Information:
Credit Card #:	
CVV:	
Expiration Date:	