

Centralia Animal Hospital
804-768-4212

4125 Celebration Ave
Chester, VA 23831

Boarding Admission Form

Date: _____

Owner name: _____ Preferred phone # _____ Emergency # _____

Pet: _____ Breed: _____ Age: _____ Sex: _____ Color: _____ Boarding from: _____ to _____

My pet is on the following medications (please indicate amount and time medications are given):

My pet eats: _____ (type) _____ (amount) _____ (frequency)

My pet was **last given** _____ for treatment of **fleas** on _____ (date of last flea treatment)

If no flea treatment (CAH approved) has been done in the past 30 days, my pet will be given flea prevention at time of admission. _____ **(initial)**

In the event of an illness or emergency the staff will immediately attempt to call myself or my agent.

If a problem is observed or develops: **(choose one option please)**

Please do all necessary treatments on my pet while trying to reach myself or my agent, I understand I am responsible for all costs. _____

OR

Perform only emergency and supportive care while trying to reach myself or my agent, I understand I am responsible for all costs. _____

The following people are approved to make decisions on my behalf for my pet(s)

Name: _____ Number: _____

Name: _____ Number: _____

Has your pet had **any** of the following symptoms? (if yes to any of these how long?) _____

Please circle **all** that apply: **coughing sneezing vomiting diarrhea**

I would like to have the following done to my pet while boarding:

Vaccine update: _____

Toe nails trimmed: _____

Ears cleaned: _____

Anal glands expressed: _____

Refill heartworm or flea medication: _____

Fecal exam: _____

Heartworm test: _____

Exam: _____ **please explain problem:** _____

Signature: _____ Date: _____

I, being responsible for the animal described above, have the authority to grant you my consent to receive, prescribe for, treat, and/or operate on my pet. I understand the surgery or treatment contemplated is:_____

You are to use all reasonable precaution against injury, escape, or death of my pet, but you will not be held liable or responsible in any manner, in connection therewith as it is thoroughly understood that I assume all risks.

All charges, including boarding cost, shall be paid upon release of my pet from the hospital. If the pet is not called for within 7 days after the time specified for pick up, and if the doctor is not notified in writing of an alternative date within the 7 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that that this does not release me from paying all costs of your services and use of your hospital, including costs of boarding. I also understand that the hospital is only staffed during the approximate hours of:

7:30 AM – 6:30 PM Mon. – Fri. and 8 AM – 12:30 PM Sat. (These hours may vary somewhat based upon schedule changes, holidays, season, and unforeseen circumstances.)

Finally, I understand that if this contract or any debt owed to Centralia Animal Hospital is referred to an attorney for collection, I agree to pay all attorney fees in the amount of thirty three and one-third percent (33 1/3 %) of the total indebtedness, court costs, and a service charge of one and one-half percent (1 ½ %) per month, eighteen percent (18 %) per annum.

After carefully reading the above, I have signed in agreement.

(owner or responsible party)