



ARK BOARDING FORM

ANIMAL HOSPITAL

P (803) 648-4245

F (803) 648-9136

arkanimal2680@gmail.com

Pet's Name _____ Owner's Name _____ Drop off date _____ Pick up date _____

Please list anything you are leaving with your pet _____

Please describe any special dietary considerations for your pet _____

Please list any special instructions for your pet _____

Is your pet allergic to any medicines or vaccines? Yes No If yes, which one(s)? _____

Is your pet currently taking any medications? Yes No If yes, which one(s)? _____

Heartworm preventative _____ Date given _____ Flea/tick preventative _____ Date given _____

Please initial to confirm you have read and understand the following:

We provide each boarding pet with blankets and bedding unless otherwise requested by the owner. Our policy when a pet shreds or tears up his or her bedding is to remove all bedding from the pet's boarding area to prevent ingestion and possible intestinal blockage of bedding material. If an owner requests that shredded bedding be left with the pet or the pet be given fresh bedding, any resulting medical problems and cost for treatment will be the sole responsibility of the owner.

We require any animals admitted to be current on immunizations and free of external parasites. Required vaccinations for dogs include: Rabies, DA2PP (Distemper Combo), and Bordetella (Kennel Cough). Required vaccinations for cats include: Rabies and FVRCP (Distemper Combo). Required vaccinations and/or flea/tick treatment will be administered as necessary at the owner's expense. If any animal boarding with us exhibits loose stool or vomiting, he or she will be treated for these symptoms. If any special food must be provided by us for a boarding animal, it will be supplied at the owner's expense.

If you would like us to perform any additional services for your pet during his or her stay with us, please let us know below: (Additional services will incur additional charges accordingly.)

_____ Nail Trim (Clip Dremel)

_____ Microchip Placement

_____ Anal Gland Expression

_____ Vaccines _____

_____ Bath

_____ Annual Physical Exam

_____ Ear Cleaning

_____ Other _____

AUTHORIZATION

I, the undersigned owner or authorized agent of the animal named _____, hereby authorize The Ark Animal Hospital, P.C., Dr. Jay H. Jones, and his associates or assistants to administer such treatments and to perform such procedures as are considered therapeutically and/or diagnostically necessary for the care of my animal, including the administration of anesthesia. In the event that emergency treatment is required and I cannot be reached, I authorize Dr. Jones and his associates or assistants to perform such medical and surgical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above-named patient and understand that payment in full is due upon release of this animal from the hospital or when service is otherwise terminated. I certify that I have read and fully understand this authorization for medical and/or surgical treatment, the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I hereby release Dr. Jones and his associates or assistants from any and all claims for negligence, arising out of or connected with the performance of his/her treatment.

Owner or Agent's Signature

Date

Address

Phone #

We offer drop-off and pick-up times 7 days a week, during normal business hours and between 8-9AM and 5-6PM outside of normal business hours. If your pet is picked up before 9:30AM, you will not be charged for that day's boarding.

Vector adapted from vecteezy.com