

Boarding Admission & Release Form

Client Name _____ Pet's Name(s) _____

Thank you for choosing Timberlane Pet Hospital & Resort for the care and boarding of your pet(s). Please take a few minutes to answer some important questions that will make your pet's stay a healthy and enjoyable one.

1) Have your pet(s) been exhibiting any unusual symptoms lately that we should be aware of? (Ex. sneezing, coughing, upset stomach, etc.)

Yes No

If yes, please explain _____

2) Are there any special exams (ex. eyes, ears, skin, etc.) or any vaccinations or procedures that need to be performed while your pet(s) are staying with us? Yes No

If yes, what would you like done? _____

*Any pet(s) not current on vaccinations will be vaccinated at an additional expense.

Please check off any other special services that you would like performed while your pet(s) are staying with us.

Bath Nail Trim Anal Gland Expression

Ear cleaning Flea/Tick control Grooming (By appointment only)

*Please note that any pet with fleas/ticks will be treated at the owner's expense while staying at our resort.

3) Are you bringing your pet's food for us to feed while your pet is staying with us? Yes No

*If no, your pet(s) will be fed high quality Eukanuba diets while staying with us.

What type of food does your pet(s) usually eat? Dry only Canned only Dry & Can Mix

How many times a day do you feed your pet(s)? _____ times a day

Is there anything that your pet cannot eat (Ex. Causes stomach upset, allergy, etc.?) _____

4) Are there any medications that need to be given during your pet(s) stay? Yes No

If yes, give details _____

(medication not supplied by owner will incur additional charges)

5) Are you leaving any belongings with your pet(s)? (collar/leash/blanket/toys) Yes No

Please list _____

* The staff of Timberlane Pet Hospital & Resort will take care of your belongings to the best of our ability; however, we cannot be responsible for the loss or destruction of belongings left with your pet.

6) Where can we reach you (or authorized agent) in case of emergency? _____

In case of illness or injury, I the undersigned, do hereby authorize the veterinarian(s) to examine, prescribe for and medically or surgically treat the above pet(s). If I am unable to be contacted, I further authorize such emergency and/or necessary treatment deemed essential by the staff of Timberlane Pet Hospital & Resort to sustain my pet's life, unless specifically instructed otherwise. I assume full responsibility for all charges incurred in the care of this animal and understand that all charges must be paid in full at the time the pet is picked up from the resort. The resort is to use all reasonable precautions against illness, injury, or escape of my pet(s), but the resort will not be held liable or responsible for care or treatments that are beyond it's control.

_____ / Morning – Noon - Afternoon

Signature of Owner/Authorized Agent Drop-Off Date / Pick-Up Date Pick-Up Time (circle) For faster service, please fax this form to

(813-754-1670)