



Gate City Animal Hospital

Pet Boarding Registration



Owner's Name _____ Pet's Name _____

Emergency Contact Name: _____ Phone # _____

Pet Boarding From: _____ to _____
Date Date

I understand that if someone other than myself picks up my pet, they will be responsible for all fees at check-out unless payment is rendered at drop-off.

The name of the authorized pick-up person is: _____

VACCINATIONS

All pets boarding in our hospital are required to be currently vaccinated against RABIES and DISTEMPER, and have a current negative intestinal worm exam. Additionally, all dogs must be currently vaccinated against PARVO and BORDETELLA.

PARASITE POLICY

Your pet will be inspected for parasites upon admission by our kennel staff. Any pets showing obvious signs of parasites (i.e. fleas) will be treated at owner's expense.

MEDICATING YOUR PET WHILE IT BOARDS

We will be more than happy to continue your pet's medication routine during their stay with us. There will be a small medication charge.

PICK-UP TIME

Monday – Friday 8:30 a.m. – 6:00 p.m. **Saturday** - 8:30 a.m. – 12:00 noon

Holiday hours may vary.

Estimate of your pet's pick-up time: _____

PET POSSESSIONS

Please list all of your pet's possessions that you are bringing while he or she boards:

OWNER RELEASE

If any serious health condition develops, your pet will be treated as deemed best by the staff veterinarian. Expenses incurred are the responsibility of the owner. We will attempt to contact the owner or emergency name listed above before treatment is begun. Gate City Animal Hospital and its staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

Owner or Responsible Party

Date