



NORTHPARK Animal Hospital

Boarding Admission

Owner: _____ Pet Name: _____

Species: _____ Gender: _____ Color: _____ Date of Birth: _____

Dates of Stay: _____ Bath: YES / NO Nail Trim: YES / NO

Name of person authorized to drop off/pick up my pet from NPAH: _____

Emergency Contact Information:

1) _____

2) _____

Medications:

1) _____ at ____AM ____PM ____PM

2) _____ at ____AM ____PM ____PM

3) _____ at ____AM ____PM ____PM

Feeding Schedule: _____

Special Instructions: _____

While my pet is boarding please check _____

Northpark Animal Hospital (NPAH) agrees to receive my pet and to give it such medical, surgical or emergency treatment as its veterinarians deem necessary. I acknowledge that my pet is under the care of the veterinarians employed by NPAH and hereby consent to any treatments or services deemed necessary.

If for any reason transportation is provided by an authorized agent of NPAH, neither they nor NPAH will be considered liable for the loss of or injury to my pet.

NPAH shall not be responsible for the loss, theft, or destruction of any personal property left with my pet.

I, or financially responsible person, agree to pay upon discharge of my pet, all charges incurred in the care, keeping and board of my pet.

In order to maintain a flea free boarding environment, I understand that my pet will be treated for fleas upon arrival. I agree to pay for the cost of this treatment and for the cost of any additional treatment that may be required for external parasites (e.g. fleas or ticks) during my pet's stay.

If my pet is on medication, there will be an additional daily fee for the administration of medications.

Owner/Agent Signature

Witness

Date