

Thank you for selecting our hospital for your pet's care. Your trust and confidence in our clinic is appreciated. Please carefully complete the following information. If you have any questions, do not hesitate to ask our receptionist for further assistance.

**INFORMATION ABOUT YOU AND YOUR PET (Please Print)**

Pet's Name #1: \_\_\_\_\_ Description: \_\_\_\_\_

Pet's Name #2: \_\_\_\_\_ Description: \_\_\_\_\_

Vaccine History: \_\_\_\_\_

Boarding Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

The health and well being of your pet(s) is our primary concern during their stay here. All efforts and policies are a result of this commitment.

Proof of current vaccinations is required for boarding at our facility. Lack of proof, the veterinary staff may administer the vaccines at your cost.

Any items left with your pet are at your own risk/liability. Toys and bedding may be laundered or cleaned at our discretion. Baseline Animal Hospital will not be held responsible for any damage to items as a result of cleaning, laundering or use by your pet. All choker collars, harnesses and muzzle leaders must be removed prior to boarding.

Any medication brought by you to be administered to your pet must be clearly labeled with the type of medication and instructions for use. Any complications as a result of their use may be addressed by the veterinary staff at your cost.

If a medical condition develops during your pet's stay, all efforts will be made to contact you as soon as possible. In case of emergency, veterinary care may be administered prior to notification. An emergency contact is extremely important for such situations.

Any pet left after scheduled pickup day without prior notice will be deemed abandoned. We will make every effort to contact you. Written notice will be sent to the address on file. If no response after 15 days, the Hospital will then be authorized to dispose of animal as deemed fit.

Please list all items left with your pet including but not limited to food, treats, toys, bedding, leashes, collars, tags, etc. on the reverse. Your signature at the bottom of this form indicates your consent to the above policies.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Inventory at Check-In / Check-Out: \_\_\_\_\_

Staff's Initials Check-In / Check-Out: \_\_\_\_\_