

Summertree Animal & Bird Clinic
Boarding Information Form

Please complete the following information IN DETAIL. Thank you.

Client Name: _____ Pet Name: _____

Check-In date: _____

Check-Out date: _____

Check-Out Time: 8am – 12pm OR 1pm – 6pm*

**additional charges may apply*

For the safety of your pet and our team, pets will only be discharged during regular business hours.

Food Name/Type & Feeding Amount: _____

Has your pet eaten today? YES NO

In the event of an emergency

◆ Do you consent to emergency treatment? ()Yes () No

◆ You can reach me at: _____

Current Medications:

Medication: _____ Current Dose: _____ Given Today? YES NO

Medication: _____ Current Dose: _____ Given Today? YES NO

Medication: _____ Current Dose: _____ Given Today? YES NO

Personal Items Brought: (please provide specific details for towels/blankets)

Please indicate any additional services your pet needs while boarding:

DOGS/CATS: Bath/Groom Nail Trim Anal Glands Exam Vaccinations

Other: _____

Our team is committed to preventing and alleviating fear, anxiety and stress in our patients. As part of this commitment, we now offer an all-natural behavior supplement (Zylkene) that can be given to your dog or cat during their stay with us. For only \$2 per day your pet can receive Zylkene to help them have a happier and more relaxing stay with us? If you would like more information, please ask one of our Fear Free Certified team members!

YES! I do consent to \$2 per day for this supplement (Zylkene) that will help my pet have a happier and more relaxed stay.

BIRDS/EXOTICS: Nail Trim Wing Trim Beak Trim Exam Testing for Boarding

Other: _____

Please note: *If your pet is not current on boarding requirements, a Veterinarian will perform a physical exam to determine your pet's general health status, and the required services will be performed during your pet's stay. (See back side for requirements.)* When your pet comes in to board at our hospital, a veterinarian may perform a physical exam to be free of parasites. If any parasites, or health concerns are found, we will attempt to contact you at the numbers provided. If we cannot reach you, we will treat your pet and apply the related charges to your invoice. A cleansing bath may be given for a small fee if your pet soils itself while boarding.

In case of illness or injury, I, the undersigned, do hereby give my consent for the Doctors of Summertree Animal & Bird Clinic to treat, prescribe for, or operate on my pet, while my pet is boarding at the hospital, as necessary and desirable in the exercise of the Veterinarian's professional judgement. I understand that Summertree Animal & Bird Clinic exercises all reasonable precautions against illness, injury or escape, and I will not hold Summertree Animal & Bird Clinic liable or responsible for the care, treatment or safekeeping of my pet.

Signature: _____

Date: _____

Office Use Only:

Client ID #: _____

Employee Initials: _____