

# Boarding Admission

**Thank you for choosing the Animal Hospital of Chetek to board your pets!**

Your pet is important to us. Because we care, we want you to know every effort will be made to make sure your pet's visit is a safe and happy one.

**>For the protection of not only your pet(s), but all other animals here, we require that all pets be current on the following vaccinations: Rabies, Distemper, and Bordatella.**

>The Animal Hospital of Chetek agrees to take care of your pet. However, we ask permission to act on your behalf, and in your pet's best interest, by providing veterinary care at your expense if necessary. In the event of illness or injury, the Animal Hospital of Chetek shall not be held personally liable.

>If your pet is carrying intestinal parasites or external parasites (fleas or ticks) they will be treated at your expense in order to prevent transfer to other pets.

>Your pets are off leash in the fenced-in backyard. The Animal Hospital of Chetek will not be held responsible if your pet(s) jumps over the fence, digs under the fence or otherwise escapes the fenced-in area. The Animal Hospital of Chetek will not be held responsible for any injuries to your pet(s) or damages your pet(s) causes in the event of an escape.

**PET #1 NAME** \_\_\_\_\_

DATE IN \_\_\_\_\_ OUT= \_\_\_\_\_ SMTWTFS

**VACCINE STATUS – CURRENT?**

RV  DHPP  KC

**MEALS:**

CLINIC FOOD \_\_\_\_\_

OWN FOOD \_\_\_\_\_

**MEDICATIONS:**

\_\_\_\_\_

**ITEMS BROUGHT:**

\_\_\_\_\_

\_\_\_\_\_

**OTHER SERVICES YOU WISH TO**

**RECEIVE WHILE BOARDING:**

(Nail trim, Grooming, Vaccinations,  
Dental cleaning, Heartworm test,  
Micro-chipping, Ear exam, Parasite screen)

\_\_\_\_\_

\_\_\_\_\_

**PET #2 NAME** \_\_\_\_\_

DATE IN \_\_\_\_\_ OUT= \_\_\_\_\_ SMTWTFS

**VACCINE STATUS – CURRENT?**

RV  DHPP  KC

**MEALS:**

CLINIC FOOD \_\_\_\_\_

OWN FOOD \_\_\_\_\_

**MEDICATIONS:**

\_\_\_\_\_

**ITEMS BROUGHT:**

\_\_\_\_\_

\_\_\_\_\_

**OTHER SERVICES YOU WISH TO**

**RECEIVE WHILE BOARDING:**

(Nail trim, Grooming, Vaccinations,  
Dental cleaning, Heartworm test,  
Micro-chipping, Ear exam, Parasite screen)

\_\_\_\_\_

\_\_\_\_\_

I have read the above admission form, and agree to the above conditions. I agree to pay for all veterinary and other necessary services incurred by and for my pet(s) during its stay. I agree to pay all costs for any property damage or personal injury caused by my pet(s) during its stay. I will pay all charges on the day I pick up my pet(s) or PRE-PAY if picking up on Sunday. **Sunday pick-up person will be:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMERGENCY CONTACT(s):** \_\_\_\_\_

Photo ID required. Pick-up person signature \_\_\_\_\_ print name \_\_\_\_\_  
Date of release \_\_\_\_\_