



ASHLAND VETERINARY HOSPITAL, INC.

Pet Owner (Client ID) _____
 Pet Name _____
 Microchip# _____
 Date Dropped Off _____
 Date Discharged _____
 Doctor Preference Campbell Cochran Mason Inge
Gretchen No Preference
 Checked in by _____

Vaccinations (*denotes mandatory)

*DHPP _____ *Bordetella _____ *Rabies _____ *RCD _____
 Lepto _____ Lyme _____ Heartworm _____ Fecal _____
 Feline Leukemia _____ FIV/Leukemia Testing _____

I understand that if I cannot provide proof of vaccination, a physical exam and necessary vaccines will be performed and I am responsible for charges incurred.

Emergency Contact Numbers

Name: _____ Numbers: _____
 Name: _____ Numbers: _____
 Non-owner pick up Yes No If yes, name of person picking up: _____
 Their contact number: _____

Medications – Must be in original containers

Yes No (vitamins and supplements are considered medications)

I am aware that there is an additional daily charge for the administration of medications while boarding

Medication:	Strength:	Frequency:	Need today?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Feeding Instructions

Own Food House Food – Canine: Purina EN dry; Feline: Hill's Healthy Advantage dry

Quantity: _____ Times/day

My pet has already been fed today: Yes No

I am aware that abrupt changes in diet can cause gastric upset in some pets.

Additional Services	Bath	Nail Trim	Express Anal Glands	Ear Cleaning	Microchip
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I am aware that my pet(s) will be released only during regular office hours (M-F 7:30am-6pm, Sat 8:30am-12pm) and payment in full is required at that time.

I authorize Ashland Veterinary Hospital to post photos of my pet(s) on its web/social media pages.

This is a flea free facility. The staff will check your pet for fleas at check-in, and if fleas are found your pet will be treated using a flea adulticide. I agree to be responsible for the cost of treatment.

Checked By Staff Member For Fleas: _____ Fleas Found: Yes No

Should health problems occur, I authorize Ashland Veterinary Hospital to render any treatment or emergency care they feel necessary for the health and well-being of my animal. I understand that I will be responsible for payment of the services that are rendered.

 Signature Owner/Agent

 Date