

MIDTOWN ANIMAL HOSPITAL
1917 P STREET
SACRAMENTO, CA 95811
(916)446-7788 (916)446-0954 (F)

BOARDING ADMISSIONS FORM

Owner: _____ Date: _____

Emergency Contact Number: _____

Release Date: _____ Approx. Time Of Pick Up: _____

***Please note a full-day boarding charge will be applied to animals picked up after 1 pm.**

Pet's Name: _____

Pet's Name: _____

Pet's Name: _____

Does your pet need any treatments? Bath ___ Nail Trim ___ Flea Treatment ___ Vaccine ___ Exam ___ Bloodwork ___
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MEDICATIONS

Pet	Medication	Daily	2x Daily	3x Daily
_____		()	()	()
_____		()	()	()
_____		()	()	()

Feeding Instructions: _____

Special Instructions: _____

List Any Items Left With Pet *: _____

***Please note that Midtown Animal Hospital is not responsible for lost or damaged items left with pet.**

<p style="text-align: center;">TERMS AND CONDITIONS</p> <ul style="list-style-type: none">• For their comfort and safety, all pets entering the hospital must be current on vaccinations, free of internal and external parasites. Pets will be vaccinated and/ or treated for parasites at the owner's expense.• If tranquilization is necessary for the treatment, handling or disruptive behavior of a boarding pet, medication will be administered at the doctor's discretion. <p>I authorize Midtown Animal Hospital to provide necessary treatments for the well being of my pet should an emergency or medical problem arise while in the hospital. I understand that I assume financial responsibility for all services provided.</p> <p>Signature: _____ Date: _____</p>

We are not a 24 hr facility. There will be periods of the day/eve where there are no staff present.