

# ANIMAL MEDICAL CENTER

904 SOUTH TYLER ST.  
COVINGTON, LA 70433  
985-893-1616



## BOARDING ADMISSION FORM

Owner \_\_\_\_\_ Date Admitted \_\_\_\_\_

Emergency phone number \_\_\_\_\_ Date of Pickup \_\_\_\_\_

Will your pet(s) jump a 5 foot fence \_\_\_\_\_ Time of Pickup \_\_\_\_\_ AM/PM

Pet's Name	Special Diet	Medications* - Schedule

**\*There will be an additional charge for this service for non-patients with medications prescribed elsewhere**

### Extra Services:

1. Bath Yes/No
2. Professional grooming Yes/No **(Appointment required)**
3. Nail trim/grind Yes/No
4. Daily brush-out Yes/No

While in the hospital please check: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

All pets must be free of external parasites (fleas, ticks) and be current on all vaccinations or they will be treated at the owner's expense \_\_\_\_\_(initial)

If tranquilizer is needed for treatment or handling of my pet, I give Animal Medical Center permission to administer such medications \_\_\_\_\_(initial)

I authorize Animal Medical Center to do whatever is necessary should an emergency arise if I cannot be contacted at the emergency number given above \_\_\_\_\_(initial)

Pets are released only during regular office hours. If I neglect to pickup my pet(s) within 10 days of the above date of pickup, then Animal Medical Center will assume the animal is abandoned and is authorized to dispose of the pet(s) as may be deemed necessary \_\_\_\_\_(initial)

Signed \_\_\_\_\_