

Pet Boarding Form

It is required that any pet admitted to the hospital be free of fleas and ticks. If fleas or ticks are found, your pet will be treated at your expense.

DATE OF PICK-UP: _____

Special instructions: Please note any medications, special diet, etc.

Boarding rate for this pet is \$ _____ per night

Special Care Charge (if applicable) is \$ _____ per night

Emergency Phone Number:

Authorized friend/relative if you cannot be reached:

If your pet should become ill while boarding, do you authorize medical treatment?

YES ___ NO ___

If "NO" please explain:

To check on the status of your pet, call between the hours of 10 am - 7 pm M-F, and 10 am - 3 pm Saturday. After these hours you will hear a recording as we do not provide 24 hour supervision.

College Park Animal Hospital will take possession of above pet(s) unless the owner or authorized agent calls and/or pays all accrued charges within five (5) days after arranged pick-up date. I understand that this action will not release me from paying all charges and/or legal costs for collection of payment due for services rendered. Pets staying for 2 weeks or longer must pay in full at time of entry and payment is required every 2 weeks thereafter. All charges must be paid in full before release of pet. We accept Cash, Personal Check w/ ID, VISA and MASTERCARD

We will not be responsible for items left with pets. PLEASE TAKE ALL LEASHES, COLLARS, ETC. WITH YOU WHEN YOU LEAVE.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE.

SIGNATURE: _____ Date: _____

PRINT NAME: _____