

LEGACY ANIMAL HOSPITAL
BOARDING FORM

NAME: _____ DATE: _____

PET'S NAME: _____ BREED: _____

SEX: _____ AGE: _____ CURRENT DIET: _____

ANTICIPATED PICK UP DATE: _____

EMERGENCY CONTACT NAME & NUMBER: _____

DOES YOUR PET REQUIRE ANY SERVICES TO BE DONE DURING THEIR STAY?

NO

YES

IS YOUR PET CURRENTLY ON ANY MEDICATIONS? NO YES

THE DAILY FEE FOR ADMINISTRATION OF MEDICATION IS \$3.60

OWNER RELEASE: WE, THE STAFF OF LEGACY ANIMAL HOSPITAL, PROMISE TO USE ALL REASONABLE PRECAUTION AGAINST INJURY, ESCAPE, OR DEATH OF YOUR ANIMAL. THE HOSPITAL AND STAFF WILL NOT BE HELD LIABLE FOR ANY PROBLEMS THAT DEVELOP, PROVIDED REASONABLE CARE AND PRECAUTION ARE FOLLOWED. UNDERSTAND THAT ANY PROBLEM THAT DEVELOPS WITH YOUR ANIMAL WHILE HERE WILL BE TREATED AS DEEMED BEST BY DR. MURATORE AND YOU ASSUME FULL RESPONSIBILITY FOR THE TREATMENT AND EXPENSE INVOLVED.

OWNER SIGNATURE: _____ DATE: _____

DR/ TECH Check in Initials: _____ Services Written on board: _____ Completed: _____