

LEGACY ANIMAL HOSPITAL-BOARDING FORM

NAME: _____ DATE: _____

PET'S NAME: _____ BREED: _____

SEX: _____ AGE: _____ CURRENT DIET: _____

ANTICIPATED PICK UP DATE: _____ TIME: _____

EMERGENCY CONTACT NAME & NUMBER: _____

DOES YOUR PET REQUIRE ANY SERVICES TO BE DONE DURING THEIR STAY?
Should your pet require additional care/treatment there will be additional
charges upon pick up.(baths,glucose monitoring or examinations)_____

NO

YES

IS YOUR PET CURRENTLY ON ANY MEDICATIONS?

NO

YES

THE DAILY FEE FOR ADMINISTRATION OF MEDICATION IS \$5.00

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. BOWER AND YOU ASSUME FULL RESPONSIBILITY FOR THE TREATMENT AND EXPENSE INVOLVED.

OWNER SIGNATURE: _____ DATE: _____