

MERCURY ANIMAL HOSPITAL BOARDING ADMISSIONS FORM

ACCOUNT #

DATE	OWNER	EMERGENCY CONTACT #'S	REASON FOR ADMISSION (circle) Boarding Extended boarding
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PET'S NAME	VACCINATION HISTORY (WHEN, WHERE, PHONE #) <i>**if vaccine history cannot be obtained, the required vaccinations & exams will be given at the owner's expense**</i> _____ _____	PICK UP DATE _____	REQUESTED PICK UP TIME (if you pick up before 11am, you will not be charged for that day) _____
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SERVICES REQUESTED (CIRCLE) DHLPP-CV BORDETELLA LYME RABIES FECAL NAIL TRIM HW TEST FVRCP FELV VACC. FIV VACC. FELV/FIV TEST ANAL GLAND EXPRESS BRUSH OUT (not included in bath) **BATHS ARE <u>REQUIRED</u> FOR ALL PETS BOARDING**	PERSONAL BELONGINGS LEFT (We are not responsible for lost or damaged items!) _____ _____ _____
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LIST ALL MEDICATIONS & SPECIAL DIET (including directions) <i>(additional charges apply for medication administration!)</i> _____ _____ _____ _____	SPECIAL INSTRUCTIONS/REQUEST/MEDICAL PROBLEMS _____ _____ _____ _____
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REQUESTED MEDICATION(S) FOR PICK-UP ON DEPARTURE _____ _____	REQUESTED MEDICATION(S) FOR REFILL _____ _____
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I authorize Mercury Animal Hospital to provide emergency medical attention for my pet(s)	YES	NO
I release Mercury Animal Hospital and its staff from liability for injury to my pets incurred while boarded TOGETHER at my request	YES	NO N/A

I HAVE READ AND COMPLETED THE ABOVE ADMISSIONS FORM AND CERTIFY THAT THE ABOVE INFORMATION I HAVE GIVEN IS COMPLETE AND ACCURATE.		
SIGNATURE _____	DATE _____	ADMITTING RECEPTIONIST _____