

Grass Lake Animal Hospital Exotic Pet Boarding Reservation

Client: _____ Pet: _____

Dates of reservation: _____

Services requested/due: _____

Diet (provided by owner): _____

Amount fed during each meal? _____ How many meals a day/week? _____

Medications:	Name	Dosage	Frequency
*1.	_____		
*2.	_____		

**additional charges will apply*

Special Care Instructions or additional medications: _____

Overnight care is provided at the discretion of the attending veterinarian. If you desire 24-hour care, please let us know so that we can direct you to the appropriate facility. Initials _____

Pets found to have external or internal parasites while boarding will be treated at the pet owner's expense. Initials _____

If your pet should become ill while boarding, the doctor on call will be alerted and treatment will be provided if we notice anything amiss. **We will do our best to contact you but will proceed with whatever is deemed necessary for diagnosis or treatment; this will be provided at the pet owner's expense.** Initials _____

If your pet requires special husbandry items, such as heat lamps, you will need to provide them with your pet's cage. We will take care with these items but cannot be held responsible for normal wear and tear due to the use you designate for them and if there is malfunction, we will replace the item at your expense.

Items brought with pet: _____

Emergency phone numbers/alternate contacts _____

Client signature: _____ Date: _____

For Office Use:

Liability Release Form signed? _____ Estimate signed? _____ Flow sheet: _____

Due Date: Fecal _____

WEIGHT: _____ Weight in Computer & Chart: _____ Check in computer: _____

Exam in past 6mo? Y N If no, EXAMC: _____