

**ANIMAL AID SPAY & NEUTER CLINIC**  
**BOARDING / HOSPITAL INTAKE INFORMATION**

In-date \_\_\_\_\_ Pick-up date and time \_\_\_\_\_

Owner's name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Dog Cat M N/M F S/F

Description (breed, color, markings, etc.) \_\_\_\_\_

Has your pet been on any medications or special diets in the past two weeks? Y N

FOOD: Owner provides \_\_\_\_\_ Clinic diet: canned/dry mix \_\_\_ dry only \_\_\_

**\*\*VACCINATIONS\*\***

*For your pet's protection, we verify that vaccines are current. Otherwise, they will be given at your expense.*

Has your pet been vaccinated? Yes No Date? \_\_\_\_\_

Where? Animal Aid \_\_\_ Other \_\_\_\_\_

Rabies \_\_\_ DHLPP \_\_\_ Bordetella \_\_\_ FVRCP \_\_\_ FELV \_\_\_

Other services requested:

- Vaccines/Vet check/Surgery while boarding (explain at check-in, additional paperwork required)
- Please bathe my pet. (If required for flea/tick control, this will be done at owner's expense.)

**If the need for emergency treatment or monitoring arises:**

\_\_\_\_\_ I authorize Animal Aid to treat my pet or transfer it to an emergency clinic. I accept full financial responsibility for all emergency treatment and monitoring required.

**-OR-**

\_\_\_\_\_ Treat my pet as required, but not to exceed \$\_\_\_\_\_. I understand that if the proposed veterinary care exceeds this amount and I or my designated contact cannot be reached by telephone, my pet will NOT receive additional veterinary care even if the condition is life-threatening. I further understand that if it is the judgment of the veterinarian or his/her agent that the pet is undergoing needless pain and suffering, the veterinarians of Animal Aid or their agents are authorized to euthanize (put to sleep) my animal. I will still be financially responsible for all boarding fees, additional fees, and costs of veterinary care that have accrued.

Any blankets, towels, toys, collars or leashes I leave with my pet may not be returned to me.

\_\_\_\_\_  
Signature of Pet Owner Date

Admitted by: _____	Confirm any medications, ensure sufficient quantities
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