ANIMAL AID SPAY & NEUTER CLINIC BOARDING/HOSPITAL INTAKE INFORMATION

	Pick-up date and time
	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 medicatio	ons or special diets in the past two weeks? Y N
FOOD: Owner provides	Clinic diet: canned/dry mix dry only
	ccines are current. Otherwise, they will be given at your expense.
	No Date?
	rela FVRCP FELV
Other services requested:	
	ding (explain at check-in, additional paperwork required) a/tick control, this will be done at owner's expense.)
responsibility for all emergency treatment a -OR Treat my pet as required, but not to care exceeds this amount and I or my desi receive additional veterinary care even if th judgment of the veterinarian or his/her age veterinarians of Animal Aid or their agents financially responsible for all boarding fees	et or transfer it to an emergency clinic. I accept full financial and monitoring required. exceed \$ I understand that if the proposed veterinary ignated contact cannot be reached by telephone, my pet will NOT he condition is life-threatening. I further understand that if it is the ent that the pet is undergoing needless pain and suffering, the are authorized to euthanize (put to sleep) my animal. I will still be s, additional fees, and costs of veterinary care that have accrued.
Any blankets, towels, toys, collars or leash	ned I leave with my pet may not be returned to me.
Signature of Pet Owner	Date
Admitted by:	Confirm any medications, ensure sufficient quantities