

Canine Boarding Registration

Please print				
Client's name:		_ Pet's Name:		
Breed:				
Color/Marking:				
Pet's Gender:	Spa	yed/Neutered:		
Drop off date:		Pick up date:	<u> </u>	
Does your dog have any be	havior prob	olems we should be aware o	of?	
Aggressive towards people	or other ar	nimals?		
Emergency contact:				
Number:				
Diet:		Feeding So	chedule:	
() House Chow		() Twice daily (AM/PM)		
() Therapeutic diet		() Once daily		
() Own diet		() Other		
I have provided my own me Please label all medication Name of Medication/Supplement	٠,	Yes () No. e in individual containers po Type of Medication/supplement (EX:	er medication. Instructions	
		Capsules, Tablet, Drops)		
	nclude Rab	cinations, or they will be tre vies, Bordetella, Influenza, a		
All animals must be free of the owner's expense.	external pa	arasites (ticks, fleas, etc.) o	r they will be treated at	



Additional Services Requested:		ested:	For Office Use Only:	
Bath: Yes No		0	Annual:	
Nail Trim:	Yes	_ No	Other Exam:	
Anal Glands:	Yes _	No	Vx:	
Potty Trail:	_Yes	No	Other:	
			Concerns:	
Friday, 8:00am bath or exam sh of our staff and your pet or loss.	- 12pm on rould be pr boarders, /damage c els and bla	Saturday. All p cked up after 2 discharges afte of items, we do ankets for bedo	the following hours: 7:00am - 5:30pm, Monday- ets receiving any additional services including 2:30pm unless otherwise specified. For the safety er hours are not allowed. Due the risk of injury to not allow personal items to accompany pet. We ding. Please note that during peak boarding times, e space.	
Occasionally, so care possible and Therefore, I unde animal but pledg hour monitoring illness that shoul environments, in request that Bluff acknowledge that immediately and can be reached. I available to discussion	me pets mad want to me rstand that es to give a is not avaid d affect my cluding, but f Park Animet, in the even is therefore agree to pass further of the standard manual	ay experience up ake you aware of Bluff Park Anim ppropriate care lable at this fact pet while board t not limited to, of al Clinic provide ent of my pet's ill e authorized to in ay all related exp care and related	o some pets, mainly due to the change in environment. It is set stomachs and loss of appetite. We offer the best of any situations that may occur in your absence. It all Clinic (BPAC) cannot guarantee the health of any to all boarded pets. Furthermore, I understand that 24-lility. I do not hold this facility liable for any injury or ling, or conditions often unavoidable in boarding diarrhea and weight loss. Should my pet(s) become ill, I all medical/surgical treatment it deems necessary. I lness, the BPAC staff may not be able to contact me initiate appropriate treatment until I (or the pet's agent) beenses associated with treatment of my pet until I am if fees with the attending a veterinarian. If my pet has a lical during my absent, I want the doctors to:	
Resu	scitate my	pet.	Do not resuscitate my pet.	
I understand and agree to this policy				
my pet is free of c understand that a release date shal	contagious any animal l be consid	disease and has not called for or ered abandoned	Park Animal Clinic at the time of discharge. I certify that is not bitten anybody within the past 10 days. I picked up within 10 days of the hospital designated d and will be handled in accordance with Alabama state f my financial obligations.	
Lunderstand and	d agree to t	his policy		