

**ANIMAL MEDICAL CENTER
321 WEST COLUMBIAN BLVD. SOUTH
LITCHFIELD, ILLINOIS 62056
217-324-3311**

BOARDING ADMISSION FORM

PET(s): _____ **DATE IN:** _____ **DATE OUT:** _____

EMERGENCY NAME AND NUMBER: _____

Here at Animal Medical Center we strive to provide the best care possible for your animal. In our experience, rare unforeseen problems can occur. For this reason we ask that you read and sign the following release:

All animals entering the hospital must be up to date on the following vaccinations:

**DOGS: DHLPP-CV, RABIES, KENNEL COUGH, CANINE INFLUENZA
CATS: FVR-CP, RABIES, AND KENNEL COUGH**

They must also be free of any internal (hooks, rounds, whips, coccidiosis, etc) and external (fleas, ticks, ear mites, etc.) parasites or they will be treated at the owners' expense.

You will be charged for the day you drop off regardless of time, but not for the day you pick up.

If a tranquilizer is necessary for treatment or handling, I give my permission for such medications to be administered.

I also authorize Animal Medical Center to do whatever is necessary should a medical problem or an emergency situation arise. Payment will be required at time of release.

**WE ARE NOT RESPONSIBLE FOR ARTICLES LEFT WITH THE PET. PETS ARE
RELEASED ONLY DURING REGULAR OFFICE HOURS. IF AN ANIMAL IS TO BE
RELEASED AFTER-HOURS, ON A SUNDAY OR ON A HOLIDAY, THE CLIENT
WILL INCUR A \$50 CHARGE TO THEIR ACCOUNT.**

If I neglect to pick up my pet or contact your office within ten (10) days of the above release date, you may assume that the pet is abandoned and you are hereby authorized to dispose of the pet as you may deem best and necessary.

OWNER SIGNATURE: _____