



ARBOR VIEW ANIMAL HOSPITAL GROOMING AND BOARDING AUTHORIZATION



PET NAME _____ OWNER NAME _____ HOME PHONE _____

EMERGENCY CONTACT _____ PHONE _____

MEDICAL HISTORY

ARE VACCINATIONS CURRENT? ____ YES ____ NO WHERE GIVEN? _____

WANT A CURRENT FECAL TEST(stool sample)? ____ YES ____ NO WANT A CURRENT HEARTWORM TEST? ____ YES ____ NO

IS YOUR PET ____ WELL ____ SICK-EXPLAIN _____

VACCINATION STATEMENT

For the safety of all pets under our care, all pets must be current on Rabies, Distemper & Kennel cough(dogs only) vaccinations. Because of documented vaccine failure associated with mail-order and store bought vaccines, your pet's vaccinations must be administered by a certified veterinarian or they will be given in the hospital today.

GROOMING

All grooming includes a bath, drying, ear cleaning & cologne spray.

Feline ____ Dog Breed _____ Approximate Time Picking Up? _____

Any previous grooming problems? ____ No ____ Yes-Explain _____

SERVICE: Trim ____ Shave Down ____ Scissor Cut ____ Bath & Brush ____

Grooming Instructions: _____

BOARDING

Date Admitted ___/___/___ Date picking Up ___/___/___ Approximate Time _____

Are there any medications to give _____
(There will be a medication administration fee)

Current Diet _____

Can we treat any major/minor problems we find? ____ Yes ____ No, I authorize up to a total of \$ _____

GENERAL

Is your pet currently on one of these monthly flea preventions? ____ Advantix ____ Frontline ____ Advantagemulti

If adult fleas are found on your pet during examination a flea tablet (Capstar) will be given the day of entry & exit to prevent them from taking fleas home again at a cost of \$6.50 per tablet. _____(initials)

May we examine your pet's ears if we recognize it to have an ear infection?

An ear exam includes an ear swab(cost \$50). Any medication will be extra ____ Yes ____ No

I request the following additional work to be done: _____

May we sedate your pet if absolutely necessary? ____ Yes ____ No

REV 5/12

DISCLOSURE STATEMENT

I understand that Arbor View Animal Hospital will use every reasonable precaution to assure my pet's safety while it is in their care, and expect the veterinarian to use reasonable judgement should my pet develop health problems. I consent to the administration of treatment/medication as deemed necessary should a situation arise, and financial responsibility for all charges incurred during my animals stay.

DATE ___/___/___ SIGNATURE OF OWNER/AGENT _____