WESTBROOK ANIMAL HOSPITAL

3355 South Church Street
Burlington, N.C. 27215
(336) 584-9975

Boarding Check-In / Check-Out Form

Client Name: _____ Patient Name: _____
Address: _____ Sex: _____Breed: _____
Telephone: _____ Age: _____Color: _____
Date of Drop off _____ **Date of Pick Up** _____

EMERGENCY PHONE NUMBER: _____

REQUIREMENTS FOR BOARDING

1. Pets must be current on vaccinations. (**CANINE**: DHLPP, Bordetella, Rabies / **FELINE**: FVRC, Rabies).
2. Pets must be free of parasites (Ticks, fleas, etc.). Any signs of parasites will be treated at the owner's expense.
3. Westbrook Animal Hospital has my permission to do whatever is necessary should an emergency arise at my expense.
4. If a tranquilizer is necessary for treatment or handling; Westbrook Animal Hospital has my permission to administer such medication at owner's expense.
5. Pets may be dropped off or picked up from 10 am - 4 pm, Monday - Friday, and 9 - 11 am on Saturday.
6. Please remove and take all collars, leashes, and harnesses home with you. Westbrook Animal Hospital will not be held responsible for any items that are lost, chewed, mangled, or in any way destroyed while in our possession.
7. Should the circumstance arise that your pet remains unclaimed after the date which is stated as the pick-up date, written notice will be mailed to the above listed address. Ten days after such written notice your pet will be considered abandoned and may be disposed of, or destroyed, as we deem best. It is further understood that such action will not relieve the owner from paying all costs incurred by any services rendered during your pet's stay.
8. I understand there is a daily charge in addition to regular kennel fees for any medications administered or special food preparation during my pet's stay.
9. Westbrook Animal Hospital will use all reasonable precautions against illness, injury, or escape of my pet, but Westbrook Animal Hospital will not be held liable or responsible in any manner, for the care, treatment or safe keeping of your pet, as I assume all risk involved.

I have read the boarding requirements and understand the hospital's policies.

CHECK-IN:

Signed: _____ Time: _____ Date: _____

CHECK-OUT:

Signed: _____ Time: _____ Date: _____

ALTERNATE PICK-UP PERSON

ID: _____

Address: _____

Phone: _____