

Tomball Animal Hospital

Boarding Admission Form

Chart Number _____ Client Name _____ Patient Name _____

Admission Date/Time _____ Departure Date/Time _____ Admitted by _____

Emergency #(s)/email: _____

All pets boarding must be current on vaccinations. If not currently vaccinated at our clinic, written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding the pet(s).

- Unless a quality flea treatment has recently been done, we do require all pets be administered a Capstar on the day of admission and departure. This helps to keep our facility flea-free. If fleas or ticks are found on the pet during the stay, we will treat them as needed, and you will be charged accordingly.
- For an additional charge, we will bathe and/or groom your pet prior to discharge. These arrangements must be made at the time of admission, in order for them to be done in a timely manner.
- If the pet is to be picked up by someone other than the owner, arrangements must be made with TAH regarding the bill. Agent to pick up the pet: _____
- All reasonable precautions will be used to prevent injury and escape of the pet. TAH is not responsible for the actions of the pet that may cause injury and escape.
- If you are to drop-off or pick-up on a day our clinic is closed, please be sure you have been shown the after-hours area to meet our animal care attendant.
- All pets not picked up within 12 days after the expected date of pickup will be considered abandoned and will be handled accordingly to Texas state law.
- **REGARDING THE TREATMENT OF MY PET DURING ITS STAY:** Despite the high standard of care we provide, we cannot avoid the fact that some pets will either be admitted with health issues, or even become ill while they are here. If this occurs, please initial the appropriate statement below, so we know to proceed with the care of your pet:
 - _____ Treat my pet as needed. Do any diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I understand I will be responsible for all charges related to the treatment of my pet. If my pet needs to be transferred to a 24 hour emergency facility, I agree to pay for transfer and the specialty center will contact me directly for payment.
 - _____ Do NOT do any testing/treatments/surgeries for my pet without my verbal approval. If I am unable to be reached within a reasonable period:
 - _____ DO NOT treat my pet as needed. I understand that if the veterinarian determines that my pet is undergoing needless pain and suffering due to the lack of medical care, my pet could be humanely euthanized. I will be responsible for all charges accrued during that time period.
 - _____ DO treat my pet as necessary. Do all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet.

Signature: _____ Date: _____

Special things we need to know about your pet:

Behavioral Problems _____

Health Problems _____

Special Instructions _____

Medications _____

Food (Type & Amount) _____

Belongings: Leash_____ Collar_____ Toys_____ Bedding_____ Crate_____