

St Francis Animal Hospital Boarding Admission		
Client Name:		Check In Date:
Pet Name:		Check Out Date:
Breed:	Age:	Description:
Emergency contact name:		phone# (    ) -
Feeding Instructions:		Weight:
Medications:		
Drug Name(s)	Dosage	Frequency
Vaccinations up to date?: Yes      No	Date(s):	Name of Clinic where given:
Treatment(s) needed:		
Special instructions:		
Belongings:		
web cam address: <a href="http://www.sfah.net">www.sfah.net</a>		
For office use only:	User Name:	Password:
Day Treatment Kennel	Boarding Suite	Charge Per Hour:
<p style="text-align: center;">If we judge a condition exists for your pet that is necessary to be treated for the comfort or safety of your pet as determined by the veterinarian on duty we will do so, even if you cannot be contacted. Fees for these treatments will be your responsibility.</p> <p>"I understand that with any medical procedure, there are risks involved and I accept these risks. I further understand that no guarantee of successful treatment has been made. I assume full financial responsibility for all charges related to the treatment of the above-mentioned patient. If I have not picked up my pet within 10 days of the scheduled pick up date or have not arranged for him/her to stay longer with necessary payment in advance, I understand that he/she will be considered abandoned. St Francis Animal Hospital is given authorization to render final disposition of my pet(s) as it deems best. I will be responsible for all fees incurred for services performed in such cases of abandonment according to Part 9 of Article 8 of Chapter 14 of Title 44 of the Official Code of Georgia Annotated."</p>		
Signature: _____		Date: _____