SNOWDOUN VETERINARY HOSPITAL
8632 US Highway 331
Montgomery, AL 36105
224-281-7388

Boarding Admission Form

Owner's Name _____ Date _____

Pet's Name _____Breed _____ Pet's Name _____Breed _____

Pet's Name _____Breed _____ Pet's Name _____Breed _____

Pick Up Date _____ Time of Day (approximately) _____

BATH: Yes   No   (Please circle one)   GROOM: Yes   No   (Please circle one)
To ensure the health of your pet and for the safety of all animals present, we ask that all animals be flea and tick free before boarding. If not, we will treat the animal at the owner's expense.

Date of Vaccinations: (Canine) UTD_____   Rabies ____   DHLP ___(KC) - UTD__ DUE ___

(Feline) UTD_____   Rabies _____   FVRCP _____   Feleuk _____
To ensure the safety of your pet and all other animals at our Hospital, all boarding animals must be current on the above vaccinations. These vaccinations must have been administered by a veterinarian.

Given by (Veterinarian) _____

Medication to Administer Here _____

Current Diet _____

Owner Release: You are to use all reasonable precautions against injury, escape or death of my pet. Snowdoun Veterinary Hospital will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. In the event of an unforeseen animal health problem, Snowdoun Veterinary Hospital will contact me according to information provided on this document. In the event an owner cannot be contacted, Snowdoun Veterinary Hospital will proceed with appropriate treatment and I ASSUME FULL RESPONSIBILITY for the TREATMENT EXPENSE INVOLVED. If I neglect to pick up my pet within 5 days of the above date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Pets may be picked up Monday through Friday between 7:00 am and 6:00pm. Saturday and Sunday are 8:00am or 5:00pm only.

Owner/agent signature _____ Date _____

EMERGENCY PHONE NUMBER _____

Problems to check and/or treat _____

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