Client: <Client>

HILLCREST VETERINARY CLINIC

3083 Pt. Marion Rd. Morgantown, WV 26505 (304) 292-6933 Fax: (304) 292-8009

Pet: <Animal>

BOARDING ADMITTING FORM

VACCINATION AND TREATMENT DUE DATES:	<reminders> □ Update vaccinations □ Fecal analysis</reminders>			
ELECTIVE PROCEDURES:	 □ Express anal glands □ Microchip □ Brush out/clip hair mats □ Other procedures you 	S C	Toenail trim Heartworm test and prevention his time:	
MEDICATIONS, DIET, PERSONAL ITEMS, AND BATHING:	 □ Medications to be administered □ Personal Pet Food □ Hill's Science Diet Adult □ Bedding, toys, other personal items(must have permanent identification): □ We offer a complimentary cleansing bath to those animals staying 7 or more days with us: □ Complimentary Bath □ Bath (will be charged if staying less than 7 days) □ I decline bathing 			
			s and free of external parasites or iis: Check out time is 9:15 a.m. Pe	
	office hours. I hereby authorize the veterinarian to examine, prescribe for, or treat <animal> if a medical situation should arise, including if desired, anesthesia. I assume responsibility for all charges incurred in the care of <animal>. I also understand that these charges will be paid at the time of <animal>'s discharge and that a deposit may be required for boarding. In case of nonpayment, I understand that finance charges will be assessed and I am responsible for any fees required to collect payment. I have read the foregoing, understand what it says, and agree.</animal></animal></animal>			
	Signature:		Date:	
	Emergency Phone # a.m. before 9:15 a.m. after 9:15 p.m.			
	THANK YOU FOR	Entrustino	G Your Pet's Health	Care to Us!
Γ	For Office Use Only			
	Check-In: Initials:	Date:		
	Check-Out: Initials:	Date:	Time:	