

Countryside Hospital for Animals
3435 Maughon Road
Covington, GA 30014
Phone: 770-787-4711 Fax: 770-787-0981
Countrysidevets.com

BOARDING ADMISSION FORM

All pets admitted to the hospital must be current on all vaccinations. This includes **Rabies, Distemper-Hepatitis-Parvo, and Kennel Cough for all dogs. Cats are required to have had Feline Distemper and Rabies Vaccinations.** The Feline Leukemia Vaccine is not required for cats; however it is STRONGLY recommended.

Client: _____ Pet(s): _____

Emergency Phone Numbers: _____

If your pet requires medication our technicians will be happy to administer it for you while you are away.

There is an additional fee for giving medication while boarding. The fee is \$4.62 per day.

List Medications: _____

Countryside Hospital does not recommend boarding pets together due to the stress of having to share a confined space. If you desire your pets to be boarded together, you will be financially responsible for any necessary medical or surgical fees incurred while boarding with us.

Please initial if you wish your pets to board together _____

Although every effort is made to keep your pet clean while boarding with us, water bowls get turned over and accidents do happen. For this reason we recommend your pet be bathed before being discharged. (The cost for a bath is based on his/her weight.)

Bath/Groom Before Going Home? YES or NO Flea Product? YES or NO

I plan to pick up my pet on:

Day: _____ Date: _____ at _____ AM/PM

Clinic Hours: Monday – Friday: 7:30am to 5:30pm Saturday: 8:00am to 12:00pm

Please update my pet(s) vaccinations while boarding

Name(s) of Pets: _____

Comments: _____

I authorize Countryside Hospital to perform the above indicated procedures. I also authorize the use of medications necessary for the treatment or handling of my pet. I further authorize Countryside Hospital to prescribe for and treat my pet in case of illness or emergency, understanding that every reasonable effort will be made to contact me prior to initiation of extensive treatment.

I understand that payment in full is due at the time of discharge.

Signature: _____ Date: _____

Personal Items left: _____