

Animal Medical Hospital

1217 Old Fannin Road Brandon, Ms 39047

Owners Name: _____

Pets Name: _____

Pets Name: _____

Current vaccinations are required for the protection of your pet(s) and the protection of other boarding pets.

BATH/NAIL TRIM while boarding Yes___ No___

Pick Up Date: _____ AM PM

Medications: Yes___ No___ Directions: _____

Food: Yes___ No___ Directions: _____

Items From Home: _____

External parasites such as flea and ticks will be treated upon admission at owners expense. For your convenience your pet may be dropped off for boarding during normal business hours. Check out time is 12:00 pm on their day of discharge. Pets not picked up by 12:00 on the day of discharge will be charged for that day. Owner Release: You are to use all reasonable precaution against injury, escape, or death of my pet. The hospital staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet while I'm absent will be treated as deemed by the staff veterinarian and I assume full responsibility for the treatment expense involved.

Date: _____ Signature: _____

Emergency Phone Number: _____

Problems to check/treat: _____

Checked in today by: _____