

**East Dallas Veterinary Clinic**  
**8541 Ferguson Rd.**  
**Dallas, TX 75228**

Client ID:  
Client Name:  
Address:  
  
Telephone:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:

**BOARDING CHECK-IN AND RELEASE**

Thank you for choosing East Dallas Veterinary Clinic for the care and boarding of your pet. Please take a few minutes to answer some important questions that will help us make your pet(s) stay a healthy and enjoyable one.

Date of Drop-off

- 1) Has your pet(s) been exhibiting any unusual signs or symptoms (sneezing, coughing, upset stomach, etc.) that we should be aware of during your pet(s) stay with us?  Yes  No

If yes, what are they?

- 2) Are there any special exams (ears, eyes, skin, etc.) that need to be performed on your pet(s)?  Yes  No  
If yes, what would you like done?

Please check off any other services that your pet(s) need.

<u>Grooming Services</u>	<u>Veterinary Services</u>
<p><input type="checkbox"/> <b>Regular Bath</b> -Bath and Brush Out Only</p> <p><input type="checkbox"/> <b>The Works Bath</b> -Includes bath, brush out, anal gland expression, nail trim, and ear cleaning.</p> <p><input type="checkbox"/> <b>Full Service Groom</b> -Includes the Works Bath and full body haircut or shave down.</p> <p><b>Add-ons (extra charges apply)</b></p> <p><input type="checkbox"/> De-mat and brush (\$9.45 per 15 minutes)</p> <p><input type="checkbox"/> De-shed (\$17.33 to \$27.83)</p> <p><input type="checkbox"/> Soft-claws application (\$17.33 to \$27.83)</p> <p><input type="checkbox"/> Toothbrushing (\$12.08)</p>	<p><input type="checkbox"/> Vaccinations</p> <p><input type="checkbox"/> Anal Gland Expression</p> <p><input type="checkbox"/> Dental exam/cleaning</p> <p><input type="checkbox"/> Flea Control</p> <p><input type="checkbox"/> Microchip</p> <p><input type="checkbox"/> Ear cleaning/exam</p> <p><input type="checkbox"/> Nail Trim</p> <p><input type="checkbox"/> Special exam for <input type="text"/></p>

Please describe the haircut you wish your pet to have:

- 3) Will you be leaving food for your pet(s)?  Yes  No

If not, what type of food does your pet(s) eat?

(If a special diet needs to be opened, the food will be added to your bill)

How many times a day do you feed your pet(s)?  times a day. How much do you feed your pet?  cups/cans?

- 4) Are there any medications that need to be given during your pet(s) stay (additional charges of \$6.00 per day for administering medications)?  Yes  No

5) Please list any other items left with pet (s)

6) Where can we reach you (or authorized agent) in case of emergency?

In case of illness or injury, I the undersigned, do hereby give my consent for the veterinarian(s) of East Dallas Veterinary Clinic (the Hospital) to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Hospital. I understand that every effort will be made to contact me prior to any procedures being performed but emergency and/or necessary treatment will not be withheld if contact is not made. Any pet(s) not currently vaccinated (including Bordetella for dogs) or that is infected with parasites (including fleas and ticks) will be treated at an additional expense. The Hospital is to use all reasonable precautions against illness, injury or escape of my pet(s), but the Hospital will not be held liable for care or treatment that are beyond its control. I agree to allow my pet(s) previous records to be released as needed for my pet(s) stay at the Hospital. All pets may be picked up anytime during our regular business hours. If your pet(s) will receive a bath upon discharge, please plan to try to come later in the day so that he/she has time to dry. Thank You!

**Owner assumes responsibility for loss of and/or damage to all items (leashes, toys, towels, etc.) left with their pet(s).**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date of Pick-Up

Morning  Noon  Afternoon  
Pick-Up Time (check one)