

## **Animal Medical & Surgical Center Lodging Consent**

Pet's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_ Chart# \_\_\_\_\_

Date of check-in \_\_\_\_\_ Date of check-out \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_

ALL PETS entering the hospital for lodging must be current on vaccinations and be free of internal parasites (worms) and external parasites (fleas and ticks). If fleas are found on my pet, I authorize a Capstar which is immediate flea control medication to be given. (additional fee of \$7.50)

**DOGS:** Vaccines required -- Distemper, Parvo, Rabies, TB (kennel cough)

**CATS:** Vaccines required – Distemper, Rabies

**Vaccinations:** I authorize the Animal Medical & Surgical Center to provide vaccinations for my pet if they are not current or verifiable and to provide treatment for internal and external parasites if necessary at my own expense.

**Special food:** Type \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_

**Please list any medications to be given and the dosage.** (additional fee of \$3.25 daily)

**Before pick-up, I wish my pet to have:**

\_\_\_\_\_ A BATH \_\_\_\_\_ A PROFESSIONAL GROOM ( WITH BATH) \_\_\_\_\_ A 30 DAY FLEA TREATMENT WITH FRONTLINE

**Emergencies:** The doctors and staff of the Animal Medical & Surgical Center provide quality care to all pets at our facility and will take all precautions against injury, escape or death of my pet. The hospital staff will not be responsible for any problems that develop, provided reasonable care and precautions are followed. **Should an emergency situation arise while my pet is lodging at the Animal Medical & Surgical Center, I authorize emergency procedures to be performed.** This may include but not be limited to laboratory tests, radiographs, or surgery. I agree to pay for services at time of check-out.

**Owner's signature** \_\_\_\_\_ **Date** \_\_\_\_\_