



Bridges Professional Park Animal Hospital
214 Commerce Ave.
Morehead City, N.C. 28557
252-245-5595

Boarding Admitting Form

Owner's Name: _____ Date _____

Pet's Name: _____ Breed _____ Age _____

Sex _____ Spayed/Neutered _____ Color _____

Current on Vaccines: () Yes () No Owner must provide proof of vaccinations.
If vaccinations are not current or owner does not have written proof of vaccinations owner is aware that by boarding your pet at this time Bridges Professional Park Animal Hospital will bring vaccinations up to date at the owner's expense.

Is your pet on heartworm preventive? () Yes () No

Any vomiting, coughing, sneezing or diarrhea? () Yes () No If answer is Yes please explain the symptoms

Is your pet allergic to any drugs? If so name of drug _____

Has your pet had any illness or injury in the past 30 days? () Yes () No

Is your pet currently on any medications? Please List :

Current Diet: _____

Flea Evidence Present: () Yes () No

We will apply Advantage if we find fleas at check in at owner's expense.

Owner Release

I understand you CANNOT guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight

loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. **I understand ALL pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense.** If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian,

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but if contact can not be made immediately the clinic is therefore authorized to initiate appropriate treatment until myself or my agent can be reached.

Should an EMERGENCY arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full all charges for necessary services rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expenses incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deemed best and/or necessary.

I understand there is an additional charge for any pet deemed aggressive during the boarding period.

Name & phone number of responsible party to be reached in an Emergency:

Pick up date _____

Your pet is walked 3 times per day however if you would like additional services please circle the following requests below at and additional fee.

Bath Requested: -----() Yes () No
Nail Trim -----() Yes () No
Anal Glands Expressed -----() Yes () No
Play Time (\$6.00 per 15 minutes)----- () Yes () No
Extra Walk (\$3.00 per walk)----- () Yes () No

*******WEEKEND PICK UP IS AVAILBLE, PREPAYMENT IS REQUIRED*******

SATURDAY PICK UP TIME IS 8:00 – 12:30 PM

SUNDAY PICK UP TIME IS 5:00 – 5:30PM

Special notes and/or Instructions:
