Ambassador ANIMAL HOSPITAL
SERVING PETS & THE PEOPLE THEY OWN

Client: _____

Address: _____

_____

Telephone: _____

Patient: _____
Species: _____
Breed: _____
Sex: _____
Color: _____
Birthdate: _____

Arrival Date: _____ Departure Date: _____

1. Is your pet up to date on **vaccinations**? ☐ Yes ☐ No
   *If no, your pet will receive required vaccinations at your expense:
   _____
   Dogs must be up to date on Rabies, Distemper, Leptospirosis, Bordetella, and Influenza.
   Cats must be up to date on Rabies and Feline Distemper.

2. If there are appointments available, do you want your pet to receive a **bath package or hair cut**?
   ☐ Bath ☐ Hair cut ☐ N/A
   *If yes, please describe cut _____

3. Is your pet on **medication**? (**medication administration fee will be charged**)
   ☐ Yes ☐ No *If yes, list medication(s), how often they are given, and the last time you gave them: _____

4. Does your pet have their **own food**? ☐ Yes ☐ No
   *How much and how often do you feed them? _____
   *When was their last meal given? _____

5. Does your pet have any **belongings**? ☐ Yes ☐ No
   *If yes, please list: _____

6. Does your pet have any **medical problems** that you need the doctor to address?
   *If yes, please explain: _____

7. Please initial that you acknowledge that your pet may receive treatment for **anxiety** if recommended by the veterinarian: _____

8. Please only initial **ONE** of the following options:
   a. Ambassador has my permission to perform **any treatment** necessary should the need arise. Examples include treating diarrhea, broken toe nail, etc: _____
   b. Contact me prior to any **non-emergent treatment** administered to my pet: _____

I understand if I fail to pickup or drop off the animal by 5 PM, I will be charged for an additional night of boarding per occurrence. If I request to extend the pick up date after drop off, I understand I will be responsible for all additional nights of boarding, as well as an extension fee.

If I neglect to pick up the animal within ten (10) days of notice that it is ready for release, as documented prior to drop off, in writing and mailed to the address on record, Ambassador Animal Hospital may assume that the pet is abandoned. Ambassador Animal Hospital is then authorized to take custody/rehome the animal as it deems appropriate under the circumstances. Abandonment does not release me of my obligation of payment in full. In the extremely rare event the animal becomes deceased while boarding, and I fail to take possession of the remains within 3 business days, Ambassador Animal Hospital has authorization to have the remains cremated, without return, at my expense.

I certify that I own, or am the legal representative of, and I take full responsibility for the above-described animal. I do hereby consent and authorize Ambassador Animal Hospital and its staff to transport if needed and hospitalize this animal, and to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors deem necessary for the health, safety, and well-being of the above animal while it is under their care and supervision at my expense.

I understand that Ambassador Animal Hospital does not have emergency hospital services outside of regular business hours. In the event that a medical emergency arises outside of regular hospital hours, we will attempt to notify you of the emergency and your pet will be transported to the closest available facility that can handle the emergency. I am financially responsible for any emergency fees (including but not limited to transport, medications, and procedures) incurred to stabilize and/or treat your pet.

I agree that Ambassador Animal Hospital and its personnel will not be held financially or legally accountable if my animal becomes injured in attempt to escape, refuses to eat, becomes ill, or passes away during boarding. I further acknowledge that I am responsible for payment in full for any procedures and treatments at the time the animal is discharged. I agree that in the case of non-payment, any collection fees or attorney fees incurred during the collection effort will be paid by me.

I understand dogs boarding are let out 3 times daily on week days and twice daily on weekends. Time frames for walking are between 7 and 8 AM, between 12 and 1 PM and between 4 and 5 PM. Boarders are provided with enrichment by our kennel staff. I agree to have my pet's image and name with no further identifying information shared on the clinic's social media.

I understand if I am a new client, Ambassador will perform a wellness exam to establish a veterinary-patient relationship in the event that we need to prescribe medication to your pet at my expense.
I acknowledge an intestinal parasite check and heartworm test must be up to date for dogs to board at my expense.
I understand if fleas are found on my pet, I will be charged for a capstar (24 hour flea pill).

Emergency Contact Number(s): 1- _____ 2- _____

I, the Owner or Owner's Representative, understand the above statements:
Sign: _____ Date: _____ Time: _____

DO NOT SIGN BELOW UNTIL DAY OF PICK UP

I, the Owner or Owner's Representative, have picked up the pet described above:
Sign: _____ Date: _____ Time: _____