



Client: {FULLNAME}

Address: {ADDRESS1}

{CITY} {STATE} {POSTALCODE}

Telephone: {PHONENUMBER}

Patient: {NAME}

Species: {SPECIES}

Breed: {BREED}

Sex: {SEX}

Color: {COLOR}

Birthdate: {BIRTHDATE[SHORT]}

Arrival Date: {ARRIVALDATE[SHORT]} Departure Date: {DEPARTUREDATE[SHORT]}

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. Do you want your pet to receive a **bath package or hair cut**? \_\_\_\_ Bath \_\_\_\_ Hair cut

\*If yes, please describe cut \_\_\_\_\_

3. Is your pet on **medication**? (**medication administration fee will be charged**)

\_\_\_\_ Yes \_\_\_\_ No \*If yes, please 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 your pet? \_\_\_\_\_

\*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 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: \_\_\_\_\_



Initials      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.

Initials      Please note 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. Please note that you are financially responsible for any emergency fees (including but not limited to transport, medications, and procedures) incurred to stabilize and/or treat your pet.

Initials      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.

Initials      If I fail to pick up the animal on the day of discharge by **5 PM**, I am aware that I will be charged for another night of boarding. If I neglect to pick up the animal within ten (10) days of notice that it is ready for release 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. If 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.

Initials      In the absence of a finding of gross negligence by a staff member, I agree to release Ambassador Animal Hospital and staff of any financial or legal responsibilities should my animal become injured in an escape attempt, refuse food, soil itself, or become ill or die while boarding.

Initials      I agree to have my pet's image and name with no further identifying information shared on the clinic's social media.



- ~ If you are a new client, we will perform a wellness exam to establish a veterinary-patient relationship in the event that we need to prescribe medication to your pet.
- ~ If fleas are found on your pet, you will be charged for a capstar (24 hour flea pill).
- ~ Dogs 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.

Emergency Contact Number(s): 1- \_\_\_\_\_ 2- \_\_\_\_\_

Signature of Owner or Owner's Representative to check in pet:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Time:  
\_\_\_\_\_

**DO NOT SIGN BELOW UNTIL DAY OF PICK UP**

Signature of Owner or Owner's Representative to check out pet:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Time:  
\_\_\_\_\_