Alford Avenue Veterinary Hospital 2017 Exotic/Small Mammal Boarding Registration

Clier	nt's name		Pet's name		
Spe	cies	Color/Markings			
Pet's	s gender: □ Male □ Female □Unknown				
Eme	rgency contact and number				
Diet	*		Feeding Sched	ule	
	Pellets (Brand/type)		Twice daily (AM/PM)		
	Timothy Hay		Once da	Dince daily AM	
	Vegetables		Once da	ily PM	
	Fruits		Other _		
	Other/supplements				
	Treats				
	*If not provided we will purchase for you and charge	cost plus \$10.00			
Med	ication				
	I have provided my own medications D ye	es □ no □n/a			
	Medication Name Name	Strength	Dose	Times per day	
	Name	Strength	Dose	Times per day	
Hou □ □					
	In order to provide your pet with the most	consistent and least s	stressful stay please	provide the following:	
Doe	s your pet have any behavioral problems we	e should be aware of?			
	s and dislikes (gender preference in people,	favorite toys, etc.)			
Wha	t is the day/night cycle?				
	ping habits (Bedtime? Covered? Storm anx	iety? etc.)			
	s your pet drink from a bottle or a bowl?				

Permission to treat: Should my pet(s) become ill, an Alford Avenue veterinarian may provide all medical and surgical treatment deemed necessary in the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the Alford Avenue staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian. If my pet has a serious illness or injury that becomes critical during my absence, I want the doctors to:

Resuscitate my pet D on ot resuscitate my pet. I agree to and understand this policy.

Client's signature

Date

Boarding Fee Prices for 2017		
\$14 per night boarding		
□ \$2 per day to administer meds once a day		
□ \$4 per day to administer meds twice a day		