

Blue Ridge Plaza Animal Clinic

Boarding Admission Form

Owner Name: _____ Pet Name: _____

Check In Date: _____ Check Out Date: _____

Emergency Contact Number: (____) _____

Items Brought With Pet: Collar Leash Bedding/Blanket Carrier Dishes Toys
 Own Food Treats Other: _____

Feeding Instructions: Once a day Twice a day Other: _____

Medications: Yes No - if yes, please give instructions:

Is your Cat/Dog Treated with Flea Prevention: Yes No Last treatment Date: _____ Brand: _____

**We are a flea and tick free environment, if there are any spotted on your animal we will have to treat him/her at your expense.*

Is your Cat/Dog on Heartworm Medication: Yes No

If no, would you like us to do a Heartworm test on your pet? Yes No

Please Perform the Following while my Pet is Boarding: (Extra Fees Apply)

Examination Vaccines Bloodwork Surgery/Dental Grooming Services Nail Trimming

Please specify what you are wanting done/looked at:

Additional Notes/Comments:

(For Clinic Use Only)

Admitting Staff Initials: _____ Weight of animal at admittance: _____

Proof of Vaccination History Received/ Verified: Yes No

Releasing Staff Initials: _____ Weight of animal at discharge: _____

Blue Ridge Plaza Animal Clinic

5234 Blue Ridge Blvd. Raytown, MO 64133
816-356-2424

Boarding Consent Form

Thank you for allowing us to care for your pet. While you are away, we need you to agree to the following conditions concerning your pet while they are in our care.

I am the owner/guardian of the pet to be boarded with Blue Ridge Plaza Animal Clinic. To my knowledge, my pet is free of external parasites (fleas/ticks) as well as internal parasites. If the presence of external or internal parasites is determined, I understand that my pet will be treated by Blue Ridge Plaza Animal Clinic at my expense.

In case of illness or injury, I give my consent for Dr. Anthony J Tarantino, DVM, or clinic staff to treat, prescribe medications for, or provide necessary surgical services to my pet. If any treatments are needed for whatever reason, the clinic staff will make every effort to contact the owner on record. I understand that there will be an additional charge for medication that is needed to be given or force feeding that needs to be done during the animal's stay. It is understood that the staff of Blue Ridge Plaza Animal Clinic will act in the best interest of my pet's health and welfare. The doctor and staff will take all possible precautions against illness, injury, or escape of my pet, however should the unforeseen arise, Blue Ridge Plaza Animal Clinic will not be held liable or responsible.

I understand that there is not a 24 hour attendant on duty. I understand that my pet will be care for each and every day. I also understand that I assume all risks if an unforeseen incident should occur while there is not an attendant in the clinic.

Should the circumstances arise that my pet remains unclaimed or you have not contacted us to inform us of a delay after the date that I have stated as a pick up date, I understand that I will be contacted via phone, If Blue Ridge Plaza Animal Clinic is unable to get a hold of the owner the pet will be considered abandoned and turned over to Raytown Animal Control. It is further understood that such action will not relieve me from paying all costs for the services and use of the clinic, including boarding services if my pet is deemed abandoned.

X _____

Signature

Date: _____