

Centre Court Veterinary Clinic

BOARDING APPLICATION

6080 Sandy Springs Circle. Atlanta, GA 30328

Ph:404-252-9200 Fax:404-252-0490

Email:centrecourtvet@bellsouth.net

www.ccvet.com

Dog's Name _____ DOB _____ () Male () Female

Breed _____ Spayed/Neutered () Yes () No When? _____

Primary Owner's Name _____ Is your dog on a flea program () Yes () No

Additional Owner's Name (s) _____

Home Address _____ City,State,Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____ How did you hear about us? _____

EMERGENCY CONTACT _____ Phone () _____

Veterinarian Name _____ Phone () _____

Does your pet have any medical condition of which we should be informed? Please explain: _____

Please check all boxes that best describes your pet's temperament:

Laid back Playful Excitable Shy Dominant Aggressive Other _____

Has your pet ever bitten another animal or person? Yes NO If yes, please describe situation _____

When alone, does your pet tend to: Chew Dig Bark Cry/Howl Other _____

Please provide additional information you feel necessary to ensure the well0being of your pet and others _____

ALL ANIMALS MUST BE CURRENT ON VACCINES. IF VACCINATIONS HAVE BEEN GIVEN ELSEWHERE, PROOF OF VACCIACTIONS MUST BE GIVEN PRIOR TO ADMITTING. OTHERWISE, VACCINATIONS WILL BE GIVEN AND OWNER/AGENT WILL BE RESPONSIBLE FOR PAYMENT.

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, upper respiratory infections, bronchitis, diarrhea and fleas. I understand all pets admitted to the clinic must be protected against communicable diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense.

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 might not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached.

Please initial: IF A PROBLEM IS OBSERVED OR DEVELOPS:

_____ Please treat my pet as required, you need not call me.

_____ Perform only emergency and supportive care. Notify me for permission to begin and other treatment.

_____ Do not perform any diagnostics and/or treatment until I can be notified. I agree to pay, in full, all charges for necessary services to and for 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. Pets not picked up seven days or more after the scheduled departure date will be considered abandoned and will either be taken to a local animal shelter or placed with another family to care for the pet.

I agree that this release shall serve for any and all future boarding stays. I further agree that I shall notify Centre Court Veterinary Clinic of any changes to any information that I have supplied herein.

Authorized Signature:

TODAY'S DATE: _____

BOARDING START DATE: _____ BOARDING PICK-UP DATE: _____

I WOULD LIKE THE FOLLOWING ADDITIONAL SERVICES:

PLEASE INITIAL: _____ COMFORT CUSHION _____ PLAYTIME \$2.50 PER DAY _____ Daily Treats \$1.00 per day
_____ Medication Administration \$3.50 per day _____ Bath/groom \$25.00- & up

TODAY'S DATE: _____

BOARDING START DATE: _____ BOARDING PICK-UP DATE: _____

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