



# Forney Animal Hospital



## PET MOTEL BOARDING FORM

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Prescription Diet/ Medications pet brought to make his/her stay pleasant: \_\_\_\_\_

Last Given: \_\_\_\_\_

### **PLEASE INITIAL**

\_\_\_\_ I hereby authorize Forney Animal Hospital to administer the following treatment during my absence:

\_\_\_\_\_

\_\_\_\_ I understand that if my pet is due for vaccines or parasite prevention, they will be administered during my pet(s) stay at my expense.

\_\_\_\_ If I am unable to pick up my pet(s), I hereby authorize \_\_\_\_\_ to do so.

\_\_\_\_ I hereby authorize the Doctor(s) at Forney Animal Hospital to administer any care needed in the case of an emergency. I also authorize the Doctor(s) to administer sedation if needed in the care of my pet(s).

\_\_\_\_ I understand that if I neglect to pick up my pet(s) within 10 days of the expected pick up date without communication, it will be assumed that abandonment has occurred.

\_\_\_\_ I understand that Forney Animal Hospital and its employees are not responsible for any lost or consumed items (including toys, leashes, collars, bedding, etc.) during my pets stay here at Forney Animal Hospital.

\_\_\_\_ I UNDERSTAND THAT MY PET(S) MAY BE PICKED UP DURING OFFICE HOURS ONLY AND THAT PAYMENT WILL BE DUE AT THAT TIME FOR ALL SERVICES RENDERED.

\_\_\_\_ IN THE CASE THAT YOUR PET PET/S SOIL THEIR BED, WE CAN OFFER AN EXIT BATH AT A DISCOUNTED RATE.

\_\_\_\_ **DO NOT BATHE**  
\_\_\_\_ **PERFORM EXIT BATH**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone # where you may be reached

**\*\*IMPORTANT\*\* - Forney Animal Clinic is CLOSED EVERY Tuesday from 12pm-2pm for a meeting. Please make appropriate pickup arrangements for your pet if this day applies.**

PE \_\_\_\_\_