Pitts Veterinary Hospital, P.C.

2225 Hwy 2 $\;$ Lincoln, NE 68502 $\;$ 402-423-4120 $\;$ Fax 402-423-5950 $\;$ www.pittsveterinaryhospital.com

BOARDING CONSENT FORM

Date:	**Proot of curren	it vaccinations required to board**
CLIENT ID:	PATIENT ID:	
CLIENT NAME:	NAME:	
SECONDARY NAME:	SPECIES:	
CLIENT ADDRESS:	BREED:	
	SEX:	
CITY/STATE:	COLOR:	
ZIP CODE:	MARKINGS:	
PHONE NUMBER:	BIRTH DATE:	
WEIGHT:		
BOARD UNTIL:		EVENTIVE? Yes / No
EMERGENCY NUMBER:	TYPE:	
TREAT AS NEEDED?:	DATE DUE:	
*FLEAS & TICKS WILL AUTOMATION	C ALLY BE OWN HW/FLEA P	PREV?:
TREATED AT OWNERS EXPENSE*		
OTHER MEDICATIONS?:		
ITEMS THAT OWNER BROUGHT:		
	THESE ITEMS MAY BE LOST DURING OOL SAMPLE FOR INTESTINAL PARAS	
DO YOU WANT US TO TEST? Yes /	No IF POSITIVE, TREAT?: Yes /	['] No
DIET:		
DIRECTIONS:		
FOOD ALLERGIES?		
environment. They are predispose medical problems may become ap I understand that payment is due check, debit, credit cards (Visa, Ma If I am unable to pick up my pet or inform them of my change in plan	d away from home are under stress be ed to digestive upsets and respiratory oparent. when the animal is picked up. Pitts Ve asterCard, Discover Card, Amex), and in the day I have indicated, I will conta is. If I have not contacted Pitts Veterin ansfer ownership of my pet to Pitts V	y infections, and some unnoticed eterinary Hospital accepts cash, Care Credit. ett Pitts Veterinary Hospital to nary Hospital within 7 days of the
	/N MULTIPLE DOGS WALKED TOGETH	
UVVINEK UK AGENT		DATE
HOSPITAL REPRESENTATIVE		DATE
Terry Pitts, DVM	Jen Hiebner, DVM	Mark Falloon, DVM
Erica Thiel, DVM	Amanda McNamee, DVM	Amanda Forgey, DVM