



3665 Via de la Valle
Del Mar, CA 92014-4245
Phone: (858) 481-7992
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ALL CREATURES HOSPITAL, INC. BOARDING CONSENT FORM

Today's date:	Account #: <i>(Hospital Use Only)</i>
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CLIENT INFORMATION



Client Name :	Spouse/Other Name:	
Home phone : ())	Cell phone : ())	
Spouse's Cell phone : ())	Spouse's Work phone : ())	
Address:		
City:	State:	ZIP Code:



PATIENT INFORMATION



Drop Off Date & Time:	Pick Up Date & Time:	
<u>Pet's Name:</u>		
Birth date:		
Breed:		
Gender:		
<u>Boarding Agreements & Treatments:</u>		
Diet:	Amount:	Times a Day:
Medication:	Amount:	Times a Day:
Medication:	Amount:	Times a Day:
Additional Treatments/Instructions:		

IN CASE OF EMERGENCY

Local Contact:	Home phone : ())	Cell phone : ())
Out of Town Contact:	Home phone : ())	Cell phone : ())

AUTHORIZATION

We strive to always provide the best care and compassion for your pet. Should your pet become ill while boarding with us, we will make every attempt to contact you. All necessary treatments and diagnostics will be performed until we are able to contact you. All Creatures Hospital, Inc. will not be responsible for the loss of any collars, leashes, bedding, or toys left with pets.

I understand that charges up to and not exceeding \$ _____ will be my responsibility and I agree to settle my account by authorizing the use of the following bankcard as payment for services in my absence:

Card Type: _____ Account Number: _____ Exp. Date: _____

**Note: The standard emergency medical treatment cost starts at \$550.00.*

Client Signature

Print

