



I will not hold Animal Clinic of Ava responsible for any items damaged, lost, or medical expenses that may be accrued during their stay. \*

PLEASE SPECIFY ANY ITEMS LEFT FOR EACH PET:

-

### Part 3 - Additional Services:

My pet needs: (Please Check)

Nail trim  Anal glands expressed

My pet needs an examination:

\*Examination charge will be applied\*  
Please specify below.

-

Please specify below:

-

My pet needs an extra service

performed

-

What extra service would you like your pet to have? Please specify below

-

Please update my pet's vaccinations:

-

DOGS

Rabies 1 year  Rabies 3 year  7-way  Bordetella

CATS

Rabies 1 year  Rabies 3 year  Felo-Vax

### Part 4 - MEDICATIONS: (Medical Boarding Charge Applies)

My pet is on medication: (Please specify medications, doses, and instructions \*

Medication Name

-

Amount

-

Frequency of Dose

-

### Part 5 - ACKNOWLEDGEMENTS: (Please Initial)

I understand that Animal Clinic of Ava's boarding facility is NOT a 24 hour care facility. \*

I Understand my pet will be treated for fleas or ticks, at my expense, if present during boarding. \*

I understand that my pet will be walked first thing in the morning, and again at the end of the business day, and the kennel will be disinfected and cleaned. \*

### Part 6 - IN CASE OF EMERGENCY: (please check one)

Please Check:

Please do not medically treat my pet until specific authorization is given.  Please treat my pet if he/she becomes ill.

If your pet becomes ill, please clarify the expenditure not to exceed (\$).

\$150  \$300  \$500

### PLEASE LIST two emergency numbers in case of your pet's emergency:

Emergency Phone:

-

Emergency Phone:

-

### Part 7 - EXAMINATION SERVICES

Please Check One:

I do not request a Veterinarian examination on my pet.  I request a Veterinarian to examine my pet.

If you do want an examination, please specify below. IF YOU DO NOT WANT AN EXAMINATION ON YOUR PET, PLEASE GO TO PART 8.

-

Has your pet been spayed or neutered?

-

Is your pet's appetite:

-

What does your pet normally eat? (include type of food, table scraps)

-

Is your pet's water consumption:

-

Urination habits normal?

-

If No, please explain:

-

Is your pet vomiting (throwing up)?

-

If yes, When did you first notice the vomiting?

-

Does the vomit consist of: (Please check all that apply)

blood

food

phlegm

bile

How frequent is the vomiting? \_\_\_ times per day \_\_\_ times per week

-

Is your pet having any diarrhea?

-

If yes, when did you first notice the diarrhea?

-

Does the stool have:

No blood

Bright Red Blood

Dark red blood/black stools is your pet sneezing?

-

Is your pet Coughing?

-

Has your pet ever fainted?

-

Has your pet ever seized?

-

Where does your pet spend most of his/her time?

Mainly Indoors

Indoors Only

Mainly Outdoors

Outdoors Only

Do you notice your pet shaking his head, rubbing or scratching at his ears?

-

Have you noticed any lumps or bumps?

-

If yes, where?

-

List all prescriptions, over the counter medications, vitamins or supplements your pet is currently taking:

-

Anything else that may be helpful for Veterinarian to know?

-

I request that the Animal Clinic of Ava may proceed with any procedure you deem necessary to treat any condition you identify during the exam, but do not exceed \$ \_\_\_\_\_ without contacting me first.

-

**Part 8 - FINANCIAL OBLIGATION: Please read the following and sign / date.**

**I am the owner (or authorized agent of the owner) of the animal described above, and have the authority to execute this consent. I understand that some risk always exists with anesthesia, even in apparently healthy animals, including the possibility of death. I understand that it may be necessary to provide additional medical or surgical treatment to my pet in the event of unforeseen circumstances. I realize that no guarantee, legal or ethical, can be made to me regarding the outcome of any procedure performed. Subject to my directions above, I hereby authorize the use of anesthetics and other medications, as well as any such additional treatment, as deemed necessary by the veterinarian. I understand that hospital personnel will be employed in treating my pet. I understand if my pet has fleas, it will be treated at my expense (\$8.00-\$10.00). I have carefully read, and fully understand, this consent. The fees associated with these services have been explained to me, and I agree to pay such fees in full at the time my pet is released from the hospital.**

Signature:

-

Date:

-