The Bluffton Vet Hospital & Pet Care Center

Pet's Name: _____

Is your animal on Flea Prevention? **Yes or No ***

***If not, which preventative would you like to purchase today?**

CANINES	FELINES	
☐ Simparica	[ ] Revolution	[ ] Other (purchased from TSC, Walmart, etc.)
☐ Bravecto/Quantum	[ ] Bravecto	

****If fleas are found your animal ***WILL*** be treated with a preventative at your expense.****

☐ **Feed Kennel Food** ☐ **Brought own Food**

Feeding Instructions: How much should we feed your pet?

How often should we feed your pet?

☐ ¼ cup	☐ 1 cup	☐ Other_____	☐ Once a day (AM or PM)
☐ ½ cup	☐ 2 cups	_____	☐ Twice a day
☐ ¾ cup	☐ 3 cups	_____	☐ Three times a day

Items Left with Animal(s): Give specific color, patterns and/or description. Do ***NOT*** bring bowls.

Collar/Harness:
Leash:

Toys/Treats/Blankets or Bedding:

Owners are welcome to bring their own blankets, beds, or toys, however ***The Bluffton Vet Hospital will ***Not*** be held accountable for lost or damaged items. ***No*** plush or stuffed toys and ***No*** raw hides please.

Behavioral Information

Good with people Y/N House trained Y/N

Fears (thunder/strangers/noises/other dogs, etc.): _____

Issues with: ___Chewing ___Biting ___Jumping ___Pulling Leash

Does your pet Growl/Snarl/Hiss/Snap/Scratch/Bite when someone:

___ Takes food away ___ Bathes them ___Touches neck area

___Moves Quickly ___ Is a stranger ___ In a new situation

Commands your pet understands: _____

- In the event of an emergency, I understand BVH&PCC will attempt to contact me *ONE TIME* at the phone number(s) that I have provided. I understand that if I cannot be reached, because time is of the essence in an emergency, I authorize BHV&PCC to treat my pet in a manner deemed necessary for its well-being. I agree to pay for all expenses that may be incurred, which may include charges incurred from services rendered at WEST CENTRAL OHIO VETERINARY EMERGENCY SERVICES (WCOVES), if necessary. If my animal is transported to WCOVES, I understand that there will be a transport fee of $50.00 and the initial exam fee of $150.00, in addition to any treatment or diagnostics performed.

- I understand that if my pet is on medication, or starts medication while here, I will be charged a fee of **$6.00 per day for administration or $10 per day injectable administration** of any such medication that I have provided. I further understand that any prescription medication brought into the clinic **MUST** be in the original container. If medication is brought into the clinic not in its original container, BVH&PCC would be in violation of pharmacy law, and I will be held liable for any penalties. I understand that if I do not bring my pet's own medication(s), I will be charged for any refill medication(s) prescribed (refilled) from the BVH&PCC pharmacy.

- I assume full financial responsibility for this/these animals. I understand that payment is expected when services are rendered. NO PET WILL BE RELEASED UNTIL THE BILL IS PAID IN FULL. I understand that a boarding environment is not without risk to my pet. Neither the BVH&PCC, any employee, director, nor owner of the above will be held liable in conjunction with any or all claims, including but not limited to disease, theft, fire, injury, death, injury incurred to my pet, or to persons, other pets, or destruction of property by my pet.

- We strongly recommend you bring your own food, pre-measured and pre-packaged. This is to ensure your pet is receiving the appropriate amount. However, if this is not possible, we will be feeding the Hill's Science Diet line of food.

- If your pet has been given an appointment for any hospital/surgical procedures to be done during their stay, an additional release form will be needed.

FEE SCHEDULE/AGREEMENT:

The Owner agrees to pay the rate for services the date the Guest is checked out of the Facility. A day is defined as a 24-hour time period from the time of drop off. The owner shall remain liable for all charges incurred for the care and maintenance of the Guests as well as any property damaged by the guest. The owner agrees to pay attorney fees incurred by the facility in the collection of any charges for services incurred. The owner agrees that the guest will be picked up by the agreed upon time between the owner and the facility. Charges may be incurred if the pickup is at a time different than the agreed upon time for each pet.

*****Check-out time for boarders is 9:30 - 11:30 am on weekdays and 9:00 - 11:00 am on Saturdays. Boarders leaving after this time will be charged a *late pick-up fee of $25 ($35 for Luxury Suite)* UNLESS they are scheduled for grooming.*****

****Early drop off and late pick up times CANNOT be accommodated May 15th through September 15th****

Canine Fees:	Feline Fees:	Luxury Suites:
Daily Day Care: $25.00	Daily Day Care: $25.00	Daily Day Care: $35.00
24 hours: $30.00	24 hours: $30.00	24 Hours: $45.00
Additional Pets: $25.00	Additional Pets: $25.00	Additional Pets: $38.00
Aggressive $75.00		

Signed: _____ Date: _____

Phone: (1)_____

Phone: (2) _____