

EAST PLANO MURPHY PET HOSPITAL
BOARDING REGISTRATION
PLEASE FILL IN BOTH SIDES COMPLETELY

Owner's Name: _____

Pet(s) Name: _____

Destination: _____

Drop-off Date: _____ Pickup Date: _____ Time: _____

Phone Number(s): _____ Pick up in P.M. if with bath

E-mail: _____

Emergency Contact: _____

Phone Number(s): _____

Flea med pet is on: _____

If not on flea medication, it is needed, and will be given in-hospital. Cost \$27 (oral or topical).

Feeding Instructions: Own Food
 EPAH Food (if not specified, we will feed your pet our in-house food; no charge)
How do you feed your pet? _____ Has your pet eaten today?
_____ cups _____ once /twice daily _____ Yes _____ No

Special Feeding Instructions: _____

Medications and Instructions: Has your pet been given meds today? _____ \$8 fee per day for oral meds
_____ Yes _____ No \$11 fee per day for injectable meds

1. _____
2. _____
3. _____

Departure Bath, Brush & Nail trim (circle) Yes No Up to 25 lbs: \$25/ 26 to 50 lbs \$30/ 50 lbs and up \$42
Nail Trim Only \$ 11 (circle) Yes No

Play Time: \$10.00 per day _____ Yes _____ No Number of days: _____

Owner's Property: Please check everything you're leaving with your pet.

Leash: _____ Yes _____ No Description: _____
Collar: _____ Yes _____ No Description: _____
Bedding: _____ Yes _____ No Description: _____
Other: _____ Yes _____ No Description: _____

For pets with health conditions such as diabetes, seizures, heart disease, renal failure, and others:

Initials: _____ I am aware that because of my pet's underlying illness that the ideal place to board/leave my pet overnight would be at a 24 hour care facility, home care, or emergency clinic. I am aware that my pet will be left unattended after business hours and during holiday weekends.

Initials: _____ I authorize and will pay any necessary treatments my pet requires in the event that I cannot be reached. I still elect to board my pet at East Plano Murphy Pet Hospital and release the clinic, doctors, and staff of any liability should illness, worsening illness, or fatality occur.

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Boarding Policies

Vaccination Requirements

I verify that my pet(s) have been vaccinated by a veterinarian and are up to date on the following vaccines:

Dogs: 1 year Distemper Combo, 1 or 3 year Rabies, 6 month Bordetella, Negative Heartworm Test, pet should be on Heart worm and flea preventive.

Cats: 1 year FeLV booster, 1 year FVRCP booster, 1 or 3 year Rabies

If my pet(s) are not current on these vaccinations, I authorize EPMPH to update vaccines to stay boarding at EPMPH.

Pickup Times

I know and understand when the times available to pick up my pet are:

Monday-Friday 8:00am-6:00pm; Saturday 9:00am-12:00pm

Emergency and Medical Treatment Authorization

I understand that while EPMPH takes all reasonable precautions against communicable diseases, there is still a small risk of acquiring a communicable disease while boarding. In the event my pet(s) contracts such a disease while boarding, I assume all the risks and accept the responsibility for the costs of all treatments. I further agree to hold the owners and staff of EPMPH harmless for expenses incurred for such treatment.

I understand and agree that if the need arises, emergency medical treatment for my pet(s) will be provided by the doctor(s) and staff of EPMPH and I agree to pay all reasonable costs associated with such treatment. If a doctor is not available after hours, I would be responsible for paying costs from the Emergency Clinic.

I understand that someone from EPMPH will attempt to notify me at the phone number(s) I have provided and that if I, or my agent(s), cannot be reached in a reasonable amount of time I authorize the doctor(s) of this facility to make all medical decisions for my pet/s.

If my pet(s) gets sick, I am aware that no staff is available to monitor my pet overnight, on Sundays, and holidays at EPMPH; I will not hold the hospital, the doctor, and the staff responsible for worsening of illness, or fatality.

Health and Personality Acknowledgment

I verify that the pet(s) on this registration from are in good health and to my knowledge have not shown any clinical signs of any communicable disease or parasite within the last 14 days. I further verify that they have not caused harm to or shown aggression or threatening behavior towards people or other pets. I have discussed and made the doctor(s) and staff at EPMPH aware of any health and/or personality concern I have regarding my pet(s).

Signature of Owner or Agent

Date Signed