



Brookeville Animal Hospital, LLC

22201 Georgia Avenue, Brookeville MD 20833

Phone: (301) 774- 9698 - Fax: (301) 774- 0487

Website: Brookevilleanimalhospital.com

E-Mail: Brookevillevet@gmail.com

Laura Kane, D.V.M.

Kaylene Lyons, D.V.M.

Sharon A Milza, D.V.M.

Lisa Troutman, D.V.M.

Katherine Rowan, D.V.M.

Boarding Admission Form

Admission by: _____ Date of Admission: _____ Expected Date of Discharge: _____

Does your pet need to be examined by a doctor? Yes / No If yes, why? _____

Emergency contact name: _____ Phone # (s): _____

General Information:

1. All pets boarding must be current on vaccination. Written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding pet(s).
2. If parasites are found on your pet(s) during the stay, they will be treated as Brookeville Animal Hospital, LLC determines, and cost of the treatments will be added to the total bill.
3. I authorize my pet(s) to be picked up by: _____
4. All reasonable precautions will be used to prevent injury and escape of the pet(s). Brookeville Animal Hospital, LLC is not liable or responsible in any manner for nay injury or escape resulting from the care, custody, safekeeping or other activity undertaken in connection with my pet(s). I assume all such risks.

Regarding Treatment of My Pet(s) During Its (Their) Stay:

_____ a) Treat my pet(s) as needed. Do any and all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet.

_____ b) Treat my pet(s) as needed, but not to exceed \$ _____. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet(s) will NOT receive further medical treatment even if it is life threatening. I understand that if Brookeville Animal Hospital, LLC feels that my pet(s) is (are) undergoing needless pain and suffering due to lack of medical care, and the treatments and test needed would exceed the above amount, Brookeville Animal Hospital, LLC is authorized to euthanize my pet(s) (put to sleep).

_____ c) Treat my pet(s) as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. However, should Brookeville Animal Hospital, LLC determine that my pet(s) require(s) extensive measures to maintain life, I request that they euthanize my pet(s) (put to sleep). I understand the "extensive measures" is left to the discretion of the doctor.

_____ d) Do not treat my pet(s) without my consent.

I agree to be responsible for all charges from Brookeville Animal Hospital, LLC. Bills are payable in full upon the earlier of the expected date of discharge or date of discharge.

I understand that Brookeville Animal Hospital, LLC does not provide 24-hour care.

FINANCIAL RESPONSIBILITY AGREEMENT

I understand that payment is expected at the time services are rendered unless prior arrangements have been made. I understand that if this balance is not paid in a timely fashion that I will be responsible not only for the balance due but for a \$30.00 monthly billing fee (due to the high cost of billing), as well as for any collection and/or reasonable attorney fees that are incurred in the attempt to collect this debt. I understand that a \$30.00 fee will be assessed for all returned checks.

Signature: _____ Date: _____

Name Printed: _____

Phone # where owner can be reached: _____



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Animal Boarding Information

Animal Name: _____

Feeding Instructions: We prefer not to change the diets for our special needs and geriatric patients abruptly. For the reason we strongly recommend you bring their regular diets with you for boarding.

Type (brand, dry, and/or canned) _____ Did you bring your own food? Y N

Amount _____ Frequency (once daily, twice daily) _____

When was the last time fed? _____

Medications:

None: _____

Name: _____ Dose & Frequency _____ Last Given? _____ Did you bring your own? Y N

Name: _____ Dose & Frequency _____ Last Given? _____ Did you bring your own? Y N

Name: _____ Dose & Frequency _____ Last Given? _____ Did you bring your own? Y N

Name: _____ Dose & Frequency _____ Last Given? _____ Did you bring your own? Y N

Does your pet require anything special while boarding, i.e., anal glands expressed, nail trim, bath, etc.? Is your pet due to receive Heartgard and/or Frontline while here? If so, did you bring your own? Y N

Signature: _____ Date: _____

Print Name: _____

Checkin Receptionist: _____