

WELCOME!

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

TODAY'S DATE _____ OWNER _____
DATE OF BIRTH _____ SPOUSE/OTHER _____
ADDRESS _____
CITY/STATE _____ ZIP _____ EMAIL _____
HOME PHONE _____ WORK PHONE _____ CELL _____
DRIVER'S LICENSE# _____ STATE _____ SS#/SIN _____
IN CASE OF EMERGENCY, PLEASE CALL _____
HOW DID YOU HEAR ABOUT US? _____

PET HEALTH HISTORY

PET'S NAME _____ DATE OF BIRTH _____
TYPE OF ANIMAL: DOG CAT BREED/COLOR _____
SEX: FEMALE MALE SPAYED NEUTERED
VACCINATION HISTORY (Date & Type of Last Vaccinations) _____
IS YOUR PET ON HEARTWORM PREVENTION? _____ TYPE _____
IS YOUR PET ON FLEA PREVENTION? _____ TYPE _____
REASON FOR TODAY'S VISIT _____
PLEASE MARK ANY SYMPTOMS THAT YOU HAVE NOTICED ABOUT YOUR PET

<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Change in Appetite	<input type="checkbox"/> Thirst Increased/Decreased
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Limping	<input type="checkbox"/> Urination Increased/Decreased
<input type="checkbox"/> Straining	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weakness
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scratching	<input type="checkbox"/> Weight Problem
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Seems Depressed	<input type="checkbox"/> Seizures
<input type="checkbox"/> Eye Bulging/Bloodshot	<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Stays Inside Only
<input type="checkbox"/> Gagging	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Other _____

CURRENT MEDICATIONS/ALLERGIES _____
DESCRIBE YOUR PET'S DIET _____ TIME OF LAST MEAL _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges in the care of this animal. I understand that these charges must be paid at the time of release & that a deposit may be required.

Signature _____ Date _____

WHAT NUMBER IS BEST TO CALL ABOUT YOUR PET? _____

Method of Payment Cash Check Credit Card Crescent City Trade

ANIMAL CARE CENTER - Medical Release Form

Owner: _____ Phone: _____ Client #: _____ Email: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Pet's Name: _____ Sex: _____ Species: _____

IS THE INFORMATION ABOVE CORRECT? PLEASE CIRCLE: YES or NO
If the Personal Information above is incorrect, please make corrections on the blue sheet provided.

Dear Valued Client:

We want this to be a GREAT experience for you and your pet. Therefore, please read the policies included on this form carefully and provide all of the requested information.

Would you like to have your pet bathed? Yes No

Any special instructions? _____

Any specific time you would like to pick up your pet? Date _____ Time _____

(If no time is specified, we will have your pet ready for pick up between 4pm & 5pm Mon-Fri, and by noon on Sat.)

Are you leaving any personal belongings? _____

Are you leaving any medications or food for your pet? If so, what are you leaving? _____

We will make every attempt to perform the services you have requested for your pet without sedation. There are many reasons which would require sedating your pet including unknown illness, injury, cage aggression, etc. Should it become necessary to sedate, do we have permission?

_____ Yes, please sedate to ensure the safety of my pet and the staff.

_____ No, I prefer not to have my pet sedated & I understand my pet will not have his/her services performed if he/she becomes unmanageable.

In case of a natural or man-made disaster, the person(s) listed may pick up my pet(s.)

1. _____ phone _____

2. _____ phone _____

If your pet is ill or injured, a \$100.00 deposit is required for admittance to the hospital. We accept personal checks, cash, Visa, Mastercard, Discover, or American Express. You may pay the deposit when you return this form to the receptionist. Payment is required in full when pet(s) is released/discharged from the hospital.

BOARDING and BATH POLICIES

- Bath service includes Bath, Brush-out, Ear Cleaning, Nail Clip, and Cologne Spray.
- Check-out time is 2:00 pm Mon. - Fri. If picked up after 2:00 pm, the owner will be charged for that day of boarding.
- Check-out time on Sat. is 12:00 pm. If you have pre-paid your bill, you may pick up your pet on Sun. b/w 5-5:30 p.m.
- A copy of the vaccination record from a licensed veterinarian must be presented as proof before your pet can be bathed or boarded with us. All dogs/puppies must also have a current fecal test in order to board.
- All pets must be flea-free for the sake of the other pets boarding with us. If not, flea medication will be given at the **owner's expense.**
- Please allow enough time to bathe and dry your pet, especially during the holiday season. You are more than welcome to call to see when your pet will be ready. If you request your pet to be picked up before 9:00 am, your pet will be bathed the night before.
- **FOR SANITARY REASONS, ALL PETS BOARDING WITH US WILL RECEIVE A BATH AT THE OWNER'S EXPENSE EVERY TEN (10) DAYS.**
- **PETS BOARDING OVER 14 DAYS MUST PRE-PAY OR LEAVE A CREDIT CARD CONFIRMATION.**

I AUTHORIZE ANIMAL CARE CENTER TO PERFORM THE SERVICES LISTED ABOVE. ANIMAL CARE CENTER AND ITS EMPLOYEES WILL NOT BE HELD RESPONSIBLE FOR ANY SERVICE NOT SPECIFIED ON THIS SHEET.

I authorize the Animal Care Center to administer any treatments and tests necessary should any illness, abnormal condition, or disease be discovered while my pet is in their care/facility/hospital. All animals entering the hospital must be current on ALL vaccinations and free from external parasites (fleas, ticks, etc) or they will be treated at the **OWNER'S EXPENSE. PAYMENT IS REQUIRED IN FULL WHEN PET(S) IS RELEASED.** If you neglect to pick up your pet within five (5) days of the above pick up date, we assume that the pet has been abandoned and you hereby authorize us to dispose of your pet as deemed best and necessary. I have read, understand, and agree to the above admission form.

In the event that a mandatory evacuation is called for in Jefferson Parish, all clients must pick up all pets boarding with Animal Care Center immediately. Animal Care Center, its veterinarians, employees, or agents shall not be liable for any loss, injury, or death to any pet that is left on the premises after an evacuation becomes mandatory. In the event that a pet is left with Animal Care Center after a mandatory evacuation has been called for, its doctors, staff, and any agent thereof reserve the right to take any action necessary to provide for the safety of that pet. Any action taken shall be at the doctors' full discretion. Any expenditure that is required to keep the pet safe shall be born by the pet owner. The doctors, employees, and agents shall make all reasonable attempts to keep such costs to a minimum. Due to the nature of such an event, no estimate of these costs can be made. However, in no case shall the amount exceed \$100 per day. Animal Care Center, its doctors, employees, and agents shall not be liable for the loss, injury, or death of any animal that requires any action described above.

Signature _____ Date _____