		Claws Veterinary NG ADMISSI		
Owner's Name:	DOMEDI	(G TIDIVIISSI	OIVI OIUVI	
First Pet's Name:	Second Pet'	s Name:	Third Pet's Nam	ne:
Place of Last Vaccinations:		Emergency Phone Number:		
<ul> <li>▶ RODENTS: Small: \$14/day</li> <li>▶ BOARDING BATH: \$24/g</li> <li>◆ After-Hours Weekend And Ho</li> <li>• You MUST PRE-PAY</li> <li>• Boarders who have not good after Hours Weekend &amp;</li> </ul>	one of the street of the stree	tation, we will address, DHPP, Bordete test must also be vill be administered boarding experience, upon arrival. The ur employees ampen every day. After m (conure/cockate and \$34/day ay ennel \$26/day A 8/day Additional \$26/day A 8/day A 8/da	minister all necessa ella oral. Cats: Exare current (within the dat owners expense.  The fee is \$10.00 per let time to disinfect at ex 2:30pm, an additional Cat SAM al pet SAME kennel urs pick-up. NO EX after-hours!  5:30pm to 6:00pm 8:30am to 9:00am	ry vaccinations/tests to mee in, RV, FVRCP, FELV/FIV is past year) for all boarding refore, all boarders pet.  Ind prepare the conal day is charged.  Integer \$24/day Integral & \$24/day Integral & \$10/day Integral & \$1/day Integral & \$1/da
Services/Specific Needs: (Specific Needs: Personal Belongings Left W				
Toy:Own Food: (please specify brand Own Medication: (please specify	and amount)			peled with directions):
◆ Medication Fees: Simple (1-2 m  • Emergency and Illness: Any pet the In the case of an emergency or unexpected whatever is necessary and desirable in the incurred and agree to pay all such charge ** By signing below, I state that I am  • Owner's Signature: Scheduled Pick-up Date:	nat requires veterinary ed illness while my peneir professional judgmes at the time of the poover eighteen years of	attention will receive t is boarding, I authorized the ment, and I assume the test release. Please if age and have read until the second test and	ve it at our discretion a orize Paws & Claws V full financial responsib initial: nderstand this form and	nd at the owner's expense. eterinary Hospital to do ility for all charges I hereby agree to the terms. **
Scheduled Pick-up Date:		Day Of Th	ne Week:	Time:
		Admitted 1	By: Receptionist:	Kennel Tech:  Revised: 02/14/2022