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Boarding Release/Outpatient Form

Owner's Name: _____ Date of Check-In: _____

Pet's Name: _____ Expected Check-Out date: _____

Emergency Contact and Phone Number(s): _____

Date and Hospital where last vaccines were given: _____

Would you like any "extras" to pamper your pet today?: (additional fees apply for these services)

Bath Medicated Bath Nail trim Anal Glands Expressed

FURminator Brush out Ear Cleaning/Plucking Tooth Brushing

Please tell us what your pet is coming in for today. Describe the problem(s) your pet is having, pertinent history leading up to condition, and any previous major medical problems: _____

Have you recently noticed any: coughing sneezing vomiting diarrhea weight loss? If yes, please describe the frequency and the circumstances under which it occurs: _____

Are there any changes in the pet's eating drinking elimination habits? If yes, please describe the frequency and the circumstances under which it occurs: _____

Has your pet been on any medications in the past 24 hours? If yes, please list: _____

Are there any medications to be given to your pet while boarding? Yes No

Name of medication(s): _____

Amount given: _____ How often to give it: _____

Time of last dose: _____

Is your pet on a special diet? Yes No

Name of the food: _____ Amount given: _____

Feeding schedule: _____

Did you bring any personal items for your pet (blanket, toys, treats, etc.)? Yes No

If so, please describe them: _____

If a room becomes available in our Pet Resort, would you like to upgrade? (add'l fees apply) Yes No

What heartworm prevention are you currently giving your pet? _____

What flea prevention are you currently giving your pet? _____

Please select one of the following options:

- After examination, please perform all recommended tests/treatments and discuss them with me at checkout.
- After examination, please call me with an estimate of cost for recommended test or treatments. Please do not perform any additional services without my consent.

Terms of Boarding:

1. All pets must be current on all required vaccinations. For dogs, this includes distemper, adenovirus, parvovirus, kennel cough (bordetella), and rabies. For cats, this includes calicivirus, rhinotracheitis, panleukopenia, and rabies. If I cannot provide proof that my pet is current on all of these vaccinations, I authorize the doctor to administer the necessary vaccines at my expense.
2. If any external parasites are found on my pet at any point during their stay, I authorize the doctor to treat at my expense.
3. If the doctor is unable to reach me at the given numbers I authorize any treatment for my pet that the doctor considers necessary for his/her health and safety. I understand that I will be charged for all treatments performed.
4. If I am unable to pick up my pet on the expected check-out date I will inform the Hospital or Pet Resort of the check-out date as soon as possible.
5. I will not hold the Hospital responsible for inadvertent loss or damage of personal items left with my pet.

Payment is due when services are rendered.

For your convenience, we accept cash, check, MasterCard, Visa, Discover, and Care Credit.

Signature: _____ Date: _____