

# White Oak Veterinary Hospital Registration and Lodging Agreement

**Check-in:** \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am pm **Check-out:** \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am pm

Any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned and becomes property of White Oak Veterinary Hospital and handled according to our best judgment.

<b>Owner's Name:</b> _____	<b>Client #</b> _____
<b>Patient Name:</b> _____	
<b>Home Phone:</b> (    ) _____ - _____	<b>Cell Phone:</b> (    ) _____ - _____
<b>Emergency Contact:</b> _____ <b>Emergency Phone:</b> (    ) _____ - _____	

## Special Instructions

Unless otherwise instructed your pet will receive a Purina EN diet. If your pet has other dietary needs, please provide the food or allow us to provide it at current charges.

### Special Dietary Instructions

### Personal Belongings

### Special Request Services

**If your pet requires medication, you must supply all medications in their original containers. If medications are not supplied, White Oak Veterinary Hospital will dispense medications at the current rates. Please list any/all medications your pet needs below including their dosage and administration instructions**

Medication Name	Dosage Amount	Dosage Instructions	Dosage Times

**ALL PETS ADMITTED MUST BE CURRENT ON THEIR ANNUAL PHYSICAL EXAMINATION, ALL REQUIRED VACCINATIONS AND MUST BE FREE OF INTERNAL AND EXTERNAL PARASITES.**

- **Required Vaccinations for Cats:** FVRCP (Distemper/Upper Respiratory) and Rabies are required.
- **Required Vaccinations for Dogs:** DHPP (Distemper/Parvo), Rabies, Bordetella, and Canine Influenza are required.

**If your pet is past due, your pet will be given the necessary examination and vaccinations upon admission, at the Doctor's discretion. If any pet is found to have evidence of parasites they will be treated at the owner's expense and at the current costs.**

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize White Oak Veterinary Hospital to care for and treat said pet. If an emergency situation should arise, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the wellbeing of my pet. I understand I will be responsible for all charges incurred at time of my pet's discharge from the hospital.

If I have requested that medical, surgical, dental, or other services be performed for my pet while it is residing in the boarding kennel, I consent to and authorize White Oak Veterinary Hospital to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death and I accept these risks. While I expect all procedures to be performed to that best of the abilities of the staff, I acknowledge that no guarantee or warrantee regarding that outcome or results of any treatment that has been given. I acknowledge that hair may need to be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in the care of White Oak Veterinary Hospital, and I agree to pay in full for all services provided, at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided. I understand that if I cannot be contacted that non-emergency procedures or services will not be performed, this may mean that my pet may need to have another procedure at a future date at my expense.

**Signature of Owner/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_