

Owner's Name: _____

Number Where You Can Be Reached: (_____) _____ - _____

Boarding Dates: _____ Charges begin the day of drop-off. There is no charge for the last day of boarding if the pet is picked up by noon Monday-Saturday. Sunday pick-ups must be arranged and paid for in advance. The **only** pick up time is 6:00 – 6:30 pm on Sunday. There are no pickups scheduled on holidays.

Pet #1 Name: _____ **Breed and Color:** _____

Pet #2 Name: _____ **Breed and Color:** _____

Special foods/treats that you brought & Special Instructions: _____

How much per Feeding: _____ **How often is pet fed:** _____ **Free Feed:** _____

Comfort items with your pet (We attempt to return all items, but we are not responsible for those missing.):

Medications and directions to be given to your pet.: _____
(Administering medications: 1-2 times daily... \$1.00; 3+ times a day... \$2.00; Injections Each... \$5.00)

Do you have any concerns about your pet and would you like Dr. Ackler to examine them? _____ Yes _____ No

Would you like your pet checked for internal parasites/Fecal Check? (\$23.00): _____ Yes _____ No

Would you like to have a toenail trim for your pet? (\$20.00) _____ Yes _____ No

Would you like to have a Heartworm/Lyme disease check performed on your pet? (\$45.00) _____ Yes _____ No

Would you like to have your pet groomed by our groomer while you are away? _____ Yes _____ No
(Availability and Prices determined by Groomer)

How would you like it done? _____

Would you like play time for your pet? (Extra Personal Attention/Brushing/Frisbee) **\$6.00 for 15 minutes**
_____ Yes _____ No _____ 1 time a day _____ Every other day _____ 1 Time during Visit

****** I give permission for Dr. Ackler to treat emergency and non-emergency medical problems, at the appropriate fees which will be due and payable at the time of pick up.** _____

For Staff Use Only:

Are all vaccines current? _____ Yes _____ No Which ones are needed? _____

Proof of Flea Preventative: _____ Yes _____ Product Type/Date Applied _____ No

If Proof of Flea Preventative is not provided, we will administer a Capstar tablet at owner's expense. (\$8.00 per pet)

Social Media Consent Form Signed: _____ Yes _____ No



Mancelona

VETERINARY HOSPITAL

10338 South US Highway 131
Mancelona, MI 49659
231-587-0520

Social Media Consent Form

We would love to share photos of your pets with you through our Mancelona Veterinary Hospital Facebook pages while you are away

I, hereby give Mancelona Veterinary Hospital, permission to take photographs and videos of me and my pet for the purpose of posting on Mancelona Veterinary Hospital's Facebook Page and Clinic Website. I hereby release and discharge Mancelona Veterinary Hospital from any and all claims arising out of use of the photos.

Mancelona Veterinary Hospital has my permission to use:

*Only my pet's name(s) _____

In signing this consent, I give authorization to use my pet's name as printed below:

Pet's printed name _____

Owner's printed name _____

Owner's signature _____ Date _____