



Four Paws Animal Hospital
 5620 Rowlett Rd.
 Rowlett, TX 75089
 (972) 475-7696
 FPAH@fourpawsinfo.com

Technician	Date	Receptionist
_____	_____	_____

Boarding Admission Form

Owner's Name: _____

Guest's Name: _____

Pick-up Date: _____

Pick-up Time: _____ (am/pm)

In the event that my pet becomes stressed and experiences decreased appetite while boarding, I authorize giving warmed canned food to encourage eating. This would be at an additional cost. Please circle yes or no.

YES NO

In the unlikely event that my pet has a life-threatening emergency, I give the staff of FPAH permission to perform CPR on my pet. This would be at an additional cost. Please circle yes or no.

YES NO

OPTIONAL items to enhance your pet's boarding experience

Initial the line beside any activities you would like to add

Traveling to a different time zone? If so, indicate where to avoid contacting you at an unreasonable hour. _____	<input type="checkbox"/> Full-Day Doggy Daycare (5+ hours)	\$15.00 per day	In the event that Four Paws Animal Hospital needs to contact me, I would prefer that I be contacted via: TEXT CALL
	<input type="checkbox"/> Half-Day Doggy Daycare (-5 hours)	\$8.00 per day	
	<input type="checkbox"/> Additional Walk (5 minutes)	\$5.00 per walk	
	<input type="checkbox"/> Additional Walk (10 minutes)	\$10.00 per walk	
	<input type="checkbox"/> Bath or Grooming	See groomer	
	<input type="checkbox"/> Medication Administration	\$3.50 per day	

Feeding Instructions:

I understand that Four Paws Animal Hospital and Pet Resort and its staff will make every effort to communicate clearly and effectively in the event of an emergency or other medical malady. If Four Paws Animal Hospital cannot contact me or any of my listed emergency contacts, I authorize them to perform any treatment(s) deemed necessary by the doctors and staff for the health and well-being of my pet.

Signature _____

CONTACT INFORMATION

Owner #1: _____

Owner #2: _____

Emergency Contact Names and Numbers:
