Breckinridge Park ANIMAL HOSPITAL
Where pets and their people get truly personal service.

Pet's Name:_____

Last Name:_____   **Weight:**_____

ALERTS:	
ALLERGIES:	
Vaccinations:	

Date In: _____ / _____ / _____   **Date Out:** _____ / _____ / _____   **Checkout Time:** _____ AM / PM

Procedures?   Yes / No _____   **Completed** ❑

Bath? ❑ No   ❑ Yes   Shampoo: _____   **(BATHED ANIMALS WILL BE READY AFTER 3 PM)**

Food: Dry: ❑ House ❑ Own_____ BID or SID **Canned**: ❑ House ❑ Own_____ BID or SID **Treats Allowed**? ❑ Yes ❑ No

Was pet fed and/or medicated prior to arrival? ☐ Yes ☐No

If boarding more than one pet, may they board in the same space?   ❑ Yes   ❑ No   Potty Pads? ❑ Yes   ❑ No

Medication(s)	Frequency	Source (Own or Hosp)
M1:		
M2:		
M3:		
M4:		

Personal Belongings:

Emergency Contact Info: Should this pet identified above become ill, I hereby request Breckinridge Park Animal Hospital to provide all responsible medical & surgical treatment it deems necessary, not to exceed $ _____ . I acknowledge that in the case of my pet's illness, the staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I or an agent can be reached. I agree to pay all related expenses associated with the treatment of this pet until I am able to discuss further care with the attending veterinarian.

Emergency Contact: _____

Signature: _____   **Emergency Phone #:** _____

******BELOW FOR OFFICE USE ONLY******

Date	BM		Urine		Ate		Drank		Abnormalities	M1				M2				M3				M4			
	AM	PM	AM	PM	AM	PM	AM	PM																	
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
										1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

Capstar Given for fleas: ❑ **Blue**   ❑ **Green**   **Weight:** _____   **Checked In By:** _____