

**Windermere Animal Hospital**

4415 Front 9 Dr. Ste 900 Cumming, Georgia 30041

770-887-0676

Client name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**WAH** will use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner, under the circumstances, on account of the care, treatment, or safe keeping of my pet(s) as it is thoroughly understood that I assume all risks. Initials: \_\_\_\_\_

In the case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of W.A.H to treat, prescribe for, or operate upon my pet(s) while they are being boarded. In the event of a non-emergency medical condition the owner will be notified about pet(s) treatment. If treatment is declined, owners have one day to pick up their pet(s) otherwise treatment will be administered and all applicable charges will be the pet owner's responsibility. (This applies in the event that the existing condition, in our DVM's medical opinion, if left untreated, results in unnecessary pain & medical risk to pet.) Initial: \_\_\_\_\_

- ⑩ ALL ANIMALS MUST BE CURRENT ON ALL CORE VACCINES. Proof of vaccinations must be shown during time of check-in or they will be given at the owner's expense.
- ⑩ Medications given while boarding are administered by trained veterinary technicians at an additional charge of 3.50 per day.
- ⑩ W.A.H. IS NOT RESPONSIBLE FOR PERSONAL ITEMS BROUGHT BY OWNER. Initial: \_\_\_\_\_

I give permission for my dog to be walked outside on a leash. Yes No  
(If no, owner must supply pee pads and confirms that pet will not chew or ingest pee pad.)

**Is your pet(s) afraid of storms? Yes No**

**Please mark if your pet(s) have experienced any symptoms and explain in the space provided.**

Vomiting Diarrhea Coughing Ear Problems Lameness Difficult Urination Sneezing  
Ear Problems Constipation Skin Problems Lack of Appetite Scratching Lethargy Skin tumors Other

EXPLAIN: \_\_\_\_\_

Drop off date \_\_\_\_\_ Pick up date \_\_\_\_\_

Approximate pick up time: AM\_\_\_\_ NOON \_\_\_\_ PM\_\_\_\_

(Please note: Pets getting baths or being groomed are at an additional fee and require an after 12pm pick up)

**IF YOU ARE PLANNING TO HAVE SOMEBODY ELSE PICK UP YOUR PET:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

**WE DO NOT HAVE OVERNIGHT OBSERVATION**

I have read and fully understand the terms and conditions set forth above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date