

Pet's Name Breed Color			
Owner & Emer Tele #		board in	board out

Feeding instructions Food Provided By Owner? Bedding/Toys/leashes		<p>In case of illness or emergency, I do hereby give my consent for the doctors to treat, prescribe for, or operate upon the pet aforementioned while in the care of Cherry Hills Animal Hospital (CHAH). I also understand that I am responsible for all costs. I understand that CHAH will use all reasonable precautions against illness, injury or escape of my pet, but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet, as it is thoroughly understood that I assume all risks. I understand that if required vaccine verification cannot be obtained, CHAH will provide such vaccines at the owner's expense. CHAH will not be responsible for claims against any medical conditions that are not listed below.</p> <p>Special Medical Needs-</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Owner _____</p> <p>Date _____</p>
Medications ? PUT STICKER Medication fee per day: \$6.00		

Vaccines due or procedures pending	
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Grooming on last day? Date:	
Instructions:	

DATE		APPETITE	URINE	FECES	MEDS	COMMENTS
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					

		APPETITE	URINE	FECES	MEDS	
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