

Grooming & Day Board Admission Form

Radford Animal Hospital

P.O. Box 3512

Radford, Virginia 24143

(540) 639-3891

Owner: _____ Date: _____

Pet's Name: _____

Special Instructions: _____

Vaccines: _____

I understand and agree to the following:

1. If a tranquilizer is necessary for treatment or handling, I give my permission to Radford Animal Hospital to administer such medication;
2. All animals entering the hospital must be up-to-date on vaccines and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at their owner's expense; _____ **(initial)**
2. I authorize Radford Animal Hospital to do whatever is necessary should an emergency situation arise;
3. Payment, in full, must be made at the time of the animal's release. If full payment is not made at this time, Radford Animal Hospital may retain the pet until full payment or other arrangements with the hospital are made;
5. Pets are released only during regular office hours.

Personal items left for pet (please list in detail):

Phone Number to Reach You Today: _____

Emergency Name and Phone Number: _____

Owner or Responsible Party _____ Date _____

Would you like to be contacted via text message? **YES NO Phone #** _____