

# AMC's - Boarding/Medical/Drop off Form

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #'s (list 2): \_\_\_\_\_ ; \_\_\_\_\_

Email: \_\_\_\_\_

Patient name: \_\_\_\_\_

Permission to take photos/videos of your pet(s) & post to our social media? ( ) Yes ( ) No

Microchip #: \_\_\_\_\_

Reason for visit:      Boarding      Hospitalization      Day Care      Surgery

***In the event of an emergency, we will do whatever medically necessary for your pet and their well being. This form allows permission for Dr. Jackson and staff to run diagnostics if needed, such as sedation, x-rays, blood work, fecal examination or any other diagnostic test deemed necessary by Dr. Jackson.***

If it's a non emergency, please indicate if you would like to be called first before testing is performed. ( ) yes ( ) no

List current medications & last time given (this includes heartworm and flea preventions):

\_\_\_\_\_  
\_\_\_\_\_

Allergic reactions to food, anesthetics or vaccines ( ) yes ( ) no ; if yes please list:

\_\_\_\_\_

Seizures, presently or in the past ( ) yes ( ) no ; if yes, date of last seizure: \_\_\_\_\_

\*Is your pet prone to chewing up toys, bedding, etc? ( ) Yes ( ) No      \*Aggressive with other animals? ( ) Yes ( ) No

***Additional fees - Oral, otic, ocular & injectable medication administrations ; diagnostic testing for any patient presenting issues while under our care or past due for yearly wellness checks/vaccines/blood work. Aggressive patients. Comprehensive or intensive nursing care. If fleas, ticks, mites or intestinal parasites are observed, your pet will be medically treated.***

We want to ensure the safety, health and overall comfort of all patients while in our facility and we appreciate your understanding of these protocols and procedures.

***Please list any special instructions for our staff regarding specialty care for your pet:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner signature: \_\_\_\_\_

Secondary Pick Up Name and Contact #: \_\_\_\_\_

