4400 Hartman Lane Batavia, OH 45103 513.735.0738 HIISIGE Small Animal Hospital Friendly, Full-Service Veterinary Care For Your Dog or Cat

Boarding Drop-Off Sheet

Unfortunately, sometimes when pets board with us they become ill.

It would help us and your pet(s) a great deal if we could have the following information about your pet(s):

Owner Name:		Pet Name:		
1. Existing Medical Condition(s), if any:				
2. Current medication(s), if	f any:			
Name of medication	Size (mg or	unit) F	How Much?	How Often?
3. There is an additional4. Number where we can read the standard of the stan	Please initial b each you if nec	oox to show yo	ou understand this	
5. Name and number of so				
Name of friend or relative:		Home:	() -	
		Work:	() -	
		✓Yes ✓No	1	• • • •
for your pet in case of an e Laboratory Tests		✓Yes ✓No	life thre	eatening situation.
for your pet in case of an e Laboratory Tests X-Rays		√Yes √No	life three	eatening situation.
6. Please let us know what for your pet in case of an e Laboratory Tests X-Rays Medical Treatment Anesthesia		✓Yes ✓No	life thro In such cases, we receive Any cost	eatening situation. we will treat the pet untile further instructions. incurred will be the
for your pet in case of an e Laboratory Tests X-Rays Medical Treatment		✓Yes ✓No	life thro In such cases, we receive Any cost	we will treat the pet until e further instructions.