

RED BANK ANIMAL HOSPITAL, PC
4416 Dayton Blvd, Chattanooga, TN 37415
Michael H. Wilke, D.V.M.- Liz Boggan, D.V.M.- Melissa Swift, D.V.M.

Boarding Form

1. All patients will be given a Capstar (Flea) pill on the day they go home. Cost \$8.60
2. Any patients with meds will have a daily administering meds fee of \$11.80 per day.
3. Any patients 8 years or older will be charged an additional \$11.80 per day for geriatric boarding.

Today's date: _____ Check out date: _____

Person to contact in case of an emergency: _____

Vaccines/Procedures to be done

- | | DUE | DECLINED/NOT DUE |
|--|-----------------------|-------------------------|
| <input type="radio"/> Rabies: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Distemper/Parvo: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Kennel Cough: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Exam: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Nail Trim: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Anal Glands: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> HW Test: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Bloodwork: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Influenza | <input type="radio"/> | <input type="radio"/> |

Are there any medications to be given? Yes: _____ No: _____

1. _____ Next Dose Due: _____
2. _____ Next Dose Due: _____
3. _____ Next Dose Due: _____

- | | DUE | DECLINED/NOT DUE |
|--|-----------------------|-------------------------|
| <input type="radio"/> Rabies: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Distemper/Parvo: | <input type="radio"/> | <input type="radio"/> |
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| <input type="radio"/> HW Test: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Bloodwork: | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Influenza | <input type="radio"/> | <input type="radio"/> |

Are there any medications to be given? Yes: _____ No: _____

1. _____ Next Dose Due: _____
2. _____ Next Dose Due: _____
3. _____ Next Dose Due: _____

I authorize Red Bank Animal Hospital to do whatever necessary should an emergency arise, such as laboratory testing, x-rays or surgery. If tranquilization is necessary for treatment or handling, I give my permission to administer such medications.

Pets are to be released only during regular office hours.

SIGNED: _____