



Hillside Small Animal Hospital

4447 State Route 132
Batavia, Ohio 45103
Phone: 513-735-0738
FAX: 513-735-0736

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 any:

Name of medication	Size (mg or unit)	How Much?	How Often?

3. There is an additional per treatment charge per day for animals boarding on medication.

Please initial box to show you understand this:

4. Number where we can reach you if necessary: _____
(If none, leave blank and skip to number 5.)

5. Name and number of someone we can reach locally, if necessary:

Name of friend or relative:	Home:	() -
	Work:	() -

6. Please let us know what we can do for your pet in case of an emergency: Yes No

Laboratory Tests	<input type="checkbox"/>	<input type="checkbox"/>
X-Rays	<input type="checkbox"/>	<input type="checkbox"/>
Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Minor Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Euthanasia ("Humanely putting to death")*	<input type="checkbox"/>	<input type="checkbox"/>

*If "Yes", we ask that you clarify your wishes with one of our doctors before leaving your pet.

It is Hospital Policy to treat **any pet** in a *life threatening situation*. In such cases, we will treat the pet until we receive further instructions. **Any cost incurred will be the responsibility of the animal's owner.**

If this presents a problem please discuss it with us.

Signature: _____ Print Name: _____ Date: _____