



Manzanita Animal Hospital
 2323 E. Detroit Avenue
 Kingman, Arizona 86401
 928 - 753 6138

Boarding Admission

Owner's/Authorized Agent's Name: _____

Emergency Phone number _____ Drop off date _____ Pick Up date _____

Pet name(s): _____ Weight: ____ Belongings: _____

We feed science Diet food which meet the nutritional needs of your pet. IF your pet is on a special diet we will be happy to feed another commercial or prescription diet of your choice if you bring it with you. Please provide special instructions(including detailed medication, feeding instructions and anything else you wish the Doctor to check: _____

Pets found to have fleas/tick will be automatically treated at owners expense.

If your pet becomes ill or requires medical attention, we will attempt to contact you at the emergency numbers listed above

- I request that the following veterinarian and veterinary practice, Manzanita Animal Hospital, provide all medical/ surgical treatment it deems necessary with the fees to not exceed \$ _____. I acknowledge that in the event of my Pets illness, the staff at the above named veterinary facility may to be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be contacted. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related expenses with the attending veterinarian
- I request the following veterinarian or veterinary practice, Manzanita Animal Hospital, not to administer any treatment without specific authorization (even if delay in treatment may have fatal consequences)

Owner Signature

Date