



Tram Road Animal Hospital

56 Tram Road
Clinton, NC 28328
Phone: (910) 592-3102
Fax: (910) 592-3387
records@tramroadah.com
tramroadah.com

Pet's Name: _____ **Breed:** _____ **Color:** _____

Sex: _____ **Age:** _____ **Weight:** _____ **Date:** _____

Special Belongings: _____

Diet Type: _____ **How Often Per Day** _____ **Amount Fed:** _____

Is your pet on any medications while boarding? (There is an additional fee per day for pets boarding on medications.) Medications must be in the original veterinary labeled container with instructions for administration clearly marked.

Medication Name: _____ **Dose** _____ **Next Administration Date and Time:** _____

Medication Name: _____ **Dose** _____ **Next Administration Date and Time:** _____

Medication Name: _____ **Dose** _____ **Next Administration Date and Time:** _____

Pick Up Date: _____

Would you like your pet to have a bath and nail trim prior to pick up? (additional \$35.00) **YES / NO**

If you decide to have a bath done your pet will not be ready for pick up until after 2:00PM the day they go home.

I understand that additional fees apply if my pet requires special handling such as: aggressive, special walking due to parasites, excessive cleaning required due to patient not being housebroken and multiple shifting of cages/runs etc.

The facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infections, diarrhea and fleas.

I authorize Dr. Davis and staff at Tram Road Animal Hospital to provide all medical/surgical treatment deemed necessary for my pet should the need arise. I acknowledge that in the event of my pet's illness, the staff may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be reached. I agree to pay ALL related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with Dr. Davis or her staff. We will try to contact you before any treatment procedure(s) is performed if possible. If your pet is found to have fleas or ticks, they will be given treatment at your expense.

This facility does NOT provide 24-hour supervision for any boarded animals. I understand that is the policy of the hospital, due to safety concerns and other issues, that my pets cannot be picked up or dropped off outside of regular business hours. Your signature on the document confirms that you have been notified of the lack of 24-hour animal supervision and safety concerns.

Name: _____ **Phone:** _____ **Date:** _____

Signature of Owner/Agent: _____