

DAYCARE FORM

This form is available to download on our website www.elliottbayah.com

Phone numbers: (1st) _____ (2nd) _____

E-mail (optional) _____

Owner's name _____ Pet'(s) name _____

Is any other person authorized to pick up your pet(s)? _____

Would you like for your pet to have? _____ off site dog walking - 20 minutes (\$12)
_____ bath and/or toe nail trim (prices available upon request)

Does your pet have a microchip? YES NO

Does your pet need a meal today? YES NO

If yes, with what brand or base (**chicken, lamb, etc**) would you like us to feed your pet?

_____ Dry Can

How much should we feed your pet(s)? AM _____ PM _____

Please list any food, drug, or environmental allergies your pet might have.

Please advise us if your pet has any history of aggression towards other people or other animals.

Is your pet on medication? YES NO

ORIGINAL CONTAINERS MUST BE PROVIDED

If yes, please state directions and dose _____

When was the last dose given? _____

When should we give the next dose? _____

All animals entering Elliott Bay Animal Hospital must have a physical exam from one of our doctors within one year, must be current on all required vaccines, and be free from internal and external parasites. If these conditions are not met, the appropriate services will be provided and you will be charged accordingly. Pets will be released only during regular office hours and payment is required at that time. If I neglect to pick up my pet within 5 days of the pick up date above, Elliott Bay Animal Hospital may assume the pet(s) is abandoned and is authorized to relinquish or humanely dispose of the pet(s) as they deem necessary.

SIGNATURE _____ DATE _____

Thank you for allowing us to care for your pet!

****Continue on Back****

By dating and signing the back of this form, I am agreeing that the information on the front of this form is current, accurate and correct.

Signature _____ Date _____

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