# Pavillion Animal Hospital

7512 Campbell Road
Dallas, TX 75248
(972) 248-8242

Pet's Name:_____Owner's Name:_____

Pick-Up Date:_____Approximate Time:_____AM/PM

**In Case of Emergency:**

Contact 1:_____Phone:_____

Contact 2:_____Phone:_____

**Special Instructions:**
If your pet requires continual medication, we will administer and additional fees will apply based on dosing frequency. If your pet is on a prescription diet, you may bring yours or we will open a new bag or cans and charge accordingly.
PLEASE LIST THE FOLLOWING:

Medication:_____Dosage:_____Last Given:_____

Medication:_____Dosage:_____Last Given:_____

Medication:_____Dosage_____Last Given:_____

**Food**:_____**How much (Cups)**:_____**How many times**:_____

Please Indicate Any Additional Services You Wish To Be Performed On Your Pet While Boarding:

Vaccinations ☐ Anal Glands Expressed ☐ Ear Cleaning ☐ Nail Trim ☐ Bath ☐

Other:_____

****If you would like the doctor to examine your pet, please complete a Drop-Off Form.**

**All pets must be current on vaccinations. If you do not have proof of vaccinations, vaccinations will be administered and charged accordingly. _____**

Please Note**: All pets will receive a dose of Capstar upon admission to boarding to kill any fleas that may be on them. There is a per pet charge for administration of Capstar.** If any other internal/external parasites are seen, your pet will be treated and charged accordingly. ***Exception: Dogs currently administered Nexgard, Trifexis or other similar product will not be required to be given a capstar treatment.**

If your pet becomes ill during boarding, every attempt will be made to notify you or the above referenced contact; however because your pet's health is important to us, should any problems arise, medical treatment will be administered and charged accordingly.

We make every attempt to keep pets clean as possible; however in a kennel environment soiling of a pet may occur. If this occurs your pet will be bathed and charged accordingly.

Please note that our facility is not staffed during non-operating hours. I consent to knowing that my pet will be unattended during non-operating hours. Please note that our building is not equipped with a fire protection sprinkler system.

Signature:_____Date:_____