



# MISSION VALLEY PET CLINIC

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Pet's age: \_\_\_\_\_ (Female / Male) ( Intact / Neutered )

Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Bordetella, Rabies, DHP up to date? ( YES / NO )

Flea prevention last applied: \_\_\_\_\_

(required to be up to date on flea prevention or we will apply a dose in hospital and charge accordingly)

## Belongings:

\_\_\_\_\_

## Grooming: (YES OR NO)

BATH: \_\_\_\_\_ TNT: \_\_\_\_\_ AGE: \_\_\_\_\_

## Medications AND directions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALERTS/ALLERGIES: \_\_\_\_\_

**DIET:** Circle one **( I BROUGHT MY OWN / FEED HOUSE FOOD )** (Hill's Science Diet I/D)

**How much:** AM: \_\_\_\_\_ PM: \_\_\_\_\_

----- CLINIC USE ONLY -----

DATE	BM- 1: Normal 2: Soft 3: Diarrhea / Urination- 1: Normal 2: None / Attitude- 1: Content 2: Nervous 3: Aggressive									
	AM	%	PM	%	BM	URINATION	ATTITUDE	MED		WEIGHT
								AM	PM	
					/	/	/			
					/	/	/			
					/	/	/			
					/	/	/			
					/	/	/			
					/	/	/			

If my pet becomes injured or ill, I authorize MVPC to provide treatment as medically necessary for the health and comfort of my pet. I also understand I will be financially responsible for all charges incurred during my pet's stay at MVPC and will pay for services upon my return. I am aware that MVPC does not have anyone on the premises during the times of 6:30pm-7:45am. Check out time is prior to 12:30, if checking out after 12:30pm, an extra boarding day charge will be added to my bill.

I have read this agreement and understand its terms, I agree and sign it freely.

x \_\_\_\_\_ Date: \_\_\_\_\_