



☐ New Client?

DROP OFF: _____ PICK UP: _____

Client Information

Name: _____ Phone: _____
 Address: _____
 Emergency Contact: _____ Phone: _____

Pet Information

Name: _____ Breed: _____
 Age: _____ Color: _____ Sex: F FS M MN
 Name: _____ Breed: _____
 Age: _____ Color: _____ Sex: F FS M MN
 Name: _____ Breed: _____
 Age: _____ Color: _____ Sex: F FS M MN

Current HWP: _____ Current flea prev: _____ UTD? Y N

☐ Vaccinations: _____ Feeding Instructions: _____
☐ Lab Testing: _____ Medications: _____
☐ Prevention: _____ Items left: _____
☐ Exam: _____ Special Instructions: _____
☐ Neuter/OHE: _____
☐ Dental Prophylaxis: _____
☐ Grooming Services: _____
☐ Comp

- You are verifying that you are the owner or agent for the animal(s) above and that you have the authority to execute this consent
- You authorize the veterinarian to do whatever is necessary should an emergency situation arise, to include tranquilization as required. You agree to pick up your pet within 5 days of the discharge date, and your pet may be considered abandoned if you do not. Failure to recover your pet will authorize us to dispose of your pet as deemed professionally necessary but this does not relieve you of financial responsibilities
- Responsible precaution will be used against injury, escape, or death. The clinic and/or staff will not be held liable for problems that develop provided reasonable care and precautions are followed. You understand that any problem that develops with your pet will be treated as deemed best by the staff veterinarians and you assume full responsibility for the treatment involved. It is thoroughly understood that you assume all risks.

Responsible Party Signature: _____ Date: _____

Pets released ONLY during normal office hours. Check out by 5:00pm Mon-Fri and Sat by 12 noon.

OFFICE USE ONLY

INITIAL INTAKE PERFORMED BY: _____

WEIGHT: _____ PARASITES SEEN? NO YES: _____ CAPSTAR GIVEN? NO YES: SM LG
 ANY ABNORMALITIES NOTED DURING INTAKE EXAM : _____

DUE FOR ANYTHING: PHE VACC HW IPE PROHT BRAVECTO OTHER: _____ DATE DONE: _____
 ALL OWNER REQUEST FILLED? NONE YES: _____

- ☐ CHARGES ON PINK SHEET
- ☐ CAGE CARD ON KENNEL
- ☐ KENNEL TAGS PLACED
- ☐ ITEMS LEFT LABELED

East Poplarville Veterinary Clinic
859 Hwy 26 East
Poplarville, MS 39470
601-795-4393

Client Boarding/Grooming Agreement

Current Vaccinations:

For the safety of all our guests, all animals must be current on all vaccinations. These Vaccinations include:

Dogs: DA2PL4+P, Kennel Cough, and Rabies.

Cats: FVRCP, Feline Leukemia, and Rabies.

Vaccinations must have been administered by a veterinarian. If your pet(s) vaccinations were administered by another veterinarian, we must have a copy of the record or proof of vaccination for our records. For the safety and health of your pet, no exceptions will be made.

Initial: _____

Fleas and Ticks:

Flea infestation can lead to tapeworm and other health problems. If fleas are found during the duration of your pet(s) stay or grooming process, we will give your pet an oral tablet called a Capstar for an additional charge added to your bill. The pill will kill the fleas on your pet as well as keeping our facility flea-free. Ticks found will be removed for an additional charge. Please remember that parasites are a hazard to your pet as well as humans.

Initial: _____

Aggressive or Dangerous Pets:

Owners must inform us if your pet bites, has bitten, or is aggressive. We reserve the right to refuse or stop services for your pet at any time before or after the duration of your pet(s) boarding or grooming process, and charge an aggressive dog fee in addition to the regular boarding/grooming charge.

Initial: _____

Health and Medical Problems:

If at any time your pet should need immediate Veterinary treatment during their stay, we will do our best to contact you first, and then proceed with treatment if not able to get in touch.

Initial: _____