All-Star Animal Hospital Check-In Record: Feline

	1 ot 1 tallio	Age	
Breed	Description	Sex F S	M N
Client #Admiss	sion DateRelease	Date	
Best # to Contact Owner		Texts OK? Yes/No Pictures OK?	Yes/No
Emergency Contacts 1)		Phone Number	
2)		Phone Number	
Feeding Instructions: Own Food /He	ospital Food		
Medical Conditions: Does your pet If yes, please list	have any medical conditions that we sh	ould be aware of? Yes/No	
Pet Belongings:			
Requirements for Boarding			
and injure one another I authorize All-Star Animal Hospita diarrhea (stress colitis).	ll to treat any minor physical ailment su	ich as eye, ear, or skin infections and	- 1
I authorize All-Star Animal Hospita Check-out time is 2pm. If I pick up I assume full responsibility for the to Reasonable precautions will be used liable for problems that dev problem that develops with I have read the boarding requirement	ital is not responsible for any items left. It to treat my pet(s) in the event of an entry pet later than this time, I will be chareatment expenses involved. It against injury, escape, or death of your elop, provided reasonable care and premy pet will be treated as deemed best into and understand the All-Star Animal	arged for an additional dayarged for an additional dayar pet. The hospital and the staff will cautions are followed. I understand to the staff veterinarian	not be held hat any
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