Arbor Creek Animal Hospital 15971 S. Bradley Drive Olathe, KS 66062 Phone (913) 764-9000 Fax (913) 764-6715 Email OlatheVet@gmail.com Website www.ACanimalhospital.com



BOARDING INFORMATION & RELEASE FORM ADDENDUM

Thank you for continuing to give us the opportunity to care for your pet.

Date	Client Name	Pet(s) Name
Contact Person_		Emergency Number
Date Boarding	mo/day/yr to	Please circle pick up time and day below.
Pick up time:	<u>8a-12p</u> or <u>12p</u> -	-5:30p Mon-Fri or 8:00-12:30 Sat (You can pick up anytime
during normal busi	iness hours. If they a	re receiving a bath while here it is important for us to know an estimated
time so we are abl	e to have them ready	<u>(!)</u>
After hours tim	nes for Sat, Sun	& Holidays; 5:00pm Sat, 9:00am Sun or 5:00pm Sun
Weekend and Holi	iday pick-ups are at @	@ 9am and 5pm, not throughout the day. Staff will unlock the door shortly
before those times	. PLEASE call if you	need to change your pick up time. Boarding is charged just like a hotel.
Check in anytime t	today and check out i	by NOON tomorrow in order to avoid additional charges.
Is your pet on an	y medication(s) or	supplements? Yes / No (circle one) If yes, please describe;
Did you bring foo Please describe		(circle one) schedule (how much, how often & special instructions);
Please describe	any items brought	with your pet (treats, bedding, toys, leashes, etc.):
(1)		(2)
(3)		(4)
Vaccinations, tes	sting or other things	s for the veterinarian to look at during your pets stay;
		ns of diarrhea, vomiting, sneezing, coughing, or any other symptoms No (circle one) If yes, please explain;
Signature of Ow	/ner/Renresentativ	ve of Owner Date