



Day Care Daily Admission Form

Owner Name:	Pet Name:	Age:	Date:
Breed:	Phone:	Sex:	Color:

All payment is expected at time of admission of your pet. If you choose to board your pet there will be an additional cost per day. If we provide medication administration or other services, the price will vary.

If evidence of fleas present, topical flea drops must be applied, and pet will be removed from daycare for the remainder of the day. There is a fee charged for this service.

I understand that Mountain Ridge Animal Hospital & Pain Management Center, herein called "MRANH" requires rabies vaccination for all pets. I also understand that it is MRANH's policy to require Distemper/Parvo, Bordetella, and Canine Flu vaccination for dogs to be current prior to admittance into day care. I decline vaccination at this time because vaccinations have been given elsewhere and are current. I have provided current vaccination history.

Has pet had any vomiting, coughing, sneezing or diarrhea? ___ Yes/ ___ No

If yes, Please explain: _____

Special Notes and/or Instructions: _____

By signing below I acknowledge that I have read, understand and agree to the terms and conditions of MRANH Doggy Day Care as listed above.

Signature of Owner or Agent (18 years or older)
Witness

Date

MRANH