



**ANIMAL HOSPITAL**

**DENISE DOOLITTLE, DVM**

HIGHLAND VILLAGE TOWN CENTER  
 2250 F.M. 407 (JUSTIN ROAD), SUITE 140  
 HIGHLAND VILLAGE, TX 75077  
 www.drdooolittles.com

**(972) 317-9310**

DATE TODAY: \_\_\_\_\_ DATE OF PICKUP: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

OWNER:	"TOP DOG" CARE*		BATH*		MEDICATION*	
	YES	NO	YES	NO	YES	NO
PETS BOARDING:	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*EXTRA CHARGE

EMERGENCY CONTACT (NAME & PHONE): \_\_\_\_\_

Medications: Topical: Advantage Advantix Revolution Other \_\_\_\_\_ date last applied: \_\_\_\_\_

Oral Meds: \_\_\_\_\_ dosage: \_\_\_\_\_ Last given: \_\_\_\_\_

Meds: \_\_\_\_\_ dosage: \_\_\_\_\_ Last given: \_\_\_\_\_

Diet and amount: \_\_\_\_\_ Last fed: \_\_\_\_\_

Special Instructions/Belongings: \_\_\_\_\_

**FOR YOUR PET'S HEALTH**

**OUR VACCINATION POLICY:** To insure the protection of all pets under our care and our employees, the following vaccinations must be up to date annually according to our medical records:

- |  |   |
|--|---|
| <p><b>DOGS:</b> RABIES<br/>         DAPP (DISTEMPER, PARVO)<br/>         BORDETELLA (KENNEL COUGH) - <b>every 6 months</b></p> | <p><b>CATS:</b> RABIES<br/>         FVRCP (DISTEMPER)</p> |
|--|---|

Dr. Doolittle must have examined your pet(s) being boarded at least annually.  
 I give my permission for my pet's vaccinations to be updated as shown above.

**MEDICAL ILLNESS POLICY:** One of the advantages of boarding your pets at a veterinary hospital is that veterinary attention is available should the need arise. If one of your pets becomes ill, we will care for your pet in the manner you have indicated below. This includes only non-elective treatments and diagnostics. Please indicate your wishes should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition:

- Please perform whatever services the doctor deems necessary for the best care of my pet.
- OR**
- I authorize up to \$175.00 in medical care for my pet. (For example, this amount will usually cover mild cases of vomiting or diarrhea.)

If I cannot pick up my pet on the above date or if someone else will be picking up my pet, I will notify the hospital of the change. **Without your prior instructions, we will not release your pet to someone other than the owner. Please indicate here the name of the non-owner picking up your pet:** \_\_\_\_\_.

**ALL PETS FOUND TO HAVE FLEAS, TICKS OR WORMS ON ADMISSION WILL BE TREATED AT OWNER EXPENSE.** Charges for all of the foregoing will be at the hospital's standard rates, and I agree to pay them when requested.

Owner or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_