

MAGRANE PET MEDICAL CENTER
3945 Edison Lakes Parkway
Mishawaka, IN 46545
574 259-5291

BOARDING GUEST REGISTRATION

(Please print, fill-out, and bring with you when you drop-off for boarding)

for _____ (Pet's Name)

Admission Date: _____ Pick-up Date: _____

Pets that go home **before our 1:00 PM check-out time** will not be charged a boarding fee for that day. Charges begin the day you drop off your pet.

Magrane Pet Medical Center's boarding facility is primarily a *hospital*, for pets who need medical care while their owners are away. For that reason, your pet will receive a Physical Examination on the day of admission for boarding. **Animals not examined at MPMC within the past 12 months will be examined by a Veterinarian at a charge of \$55.75. Pets examined within the last 3 - 12 months will receive an abbreviated exam at a charge of \$36.05. Pets examined within the past 3 months will receive a complimentary exam from a Registered Veterinary Technician.**

MPMC requires that all boarded cats and dogs be current on vaccinations and be free of parasites (fleas, ticks, worms, protozoa such as giardia and coccidia). Dogs and Cats not healthy enough for vaccination need yearly titres (blood tests) to determine that they are protected against contagious disease. Pets that were not vaccinated and tested for intestinal parasites at MPMC need a printed record of vaccination and fecal analysis from their regular veterinarian. **If necessary, dogs and cats will be updated on vaccinations, or titers, fecal analysis, and treated for fleas and ticks at an additional fee.** This pet is due for: _____.

AAHA standards require that prescriptions brought in to be given to pets while boarding **must be in their original labeled containers.** Otherwise, MPMC will fill the prescription for the duration of the pet's stay, **and the owner will be charged accordingly.**

I request the following additional services while my pet is being boarded at MPMC:

<input type="checkbox"/> Nail Trim (\$15.70)	<input type="checkbox"/> Microchip (\$87.05)
<input type="checkbox"/> Anal Gland Expression (\$15.70)	<input type="checkbox"/> Bath & Ear Cleaning (37.80)
<input type="checkbox"/> Heartworm Test (\$47.15)	<input type="checkbox"/> Ear Cleaning Only (\$14.45)
<input type="checkbox"/> Senior Bloodwork with Urinalysis (\$161.70)	<input type="checkbox"/> Dental Cleaning (ask for price)

I have read the above and authorize the specified physical examination. If needed, I authorize my pet to be vaccinated, tested for parasites, and treated. If my pet needs emergency treatment, diagnosis, or surgery while boarding, I understand that a reasonable attempt will be made to contact me. If I cannot be reached, I agree to pay for any required emergency measures taken.

Owner or Agent: _____ Date: _____

For dog owners: It is the practice of MPMC to exercise dogs inside our fenced yard on a leash. This is to avoid dogs slipping under or through our gate. If you want your dog to have off-leash playtime, and understand the risk involved, please sign below.

Owner or Agent: _____

EMERGENCY CONTACT TELEPHONE NUMBER: _____

SECOND EMERGENCY CONTACT NAME _____

PHONE _____