

Dr. K's Animal Hospital
505 Commerce Way
Jupiter, FL 33458
(561) 745-0224

DAY CARE ADMISSION

Date _____ Owners Last Name _____ First Name _____

Pets Name _____ Breed _____

Daytime Telephone Number _____ Cell Phone Number _____

Pick – up time _____ Person Authorized to pick up pet _____

I would like to have the following services performed on my pet during the “visit” at Dr. K's Animal Hospital:

I have been informed of the time by which I should pick up my pet and understand that if I arrive after the time recommended for pick up that I agree to pay a boarding fee and other fees associated with the well being of my pet.

Signed _____ Date _____

Items left with pet _____

Date	Time	Initials	Water	Stool	Urine	Medication & Dose	Vomited