



320 BUXTON DRIVE  
MATTOON, IL 61938  
PHONE (217) 234-2287

Today's Date \_\_\_\_\_ Date of Pick-up \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Owner \_\_\_\_\_

		<u>Bath</u>		<u>Medication*</u>	
		Yes	No	Yes	No

Pets Boarding \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kennel Type \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Pet Belongings \_\_\_\_\_

Special Instructions \_\_\_\_\_  
\_\_\_\_\_

### VACCINATION POLICY

To insure the protection of all pets under our care, the following vaccinations and tests must be up to date:

CANINE	FELINE	RECOMMENDED/NOT REQUIRED
DHLPP _____	FVRCPC _____	HEARTWORM TEST _____
CORONA _____	RABIES _____	FELV/FIV TEST _____
RABIES _____	BB _____	FELV VX _____
BB _____	FECAL _____	FIV VX _____
FECAL _____		
HEARTWORM TEST _____	(ASK ON, NOT REQUIRED)	

\*Clyde's Animal Clinic has a flea free guarantee policy. All animals will be given a Capstar upon admittance to our hospital at the doctors discretion.

### MEDICAL ILLNESS POLICY

If your pet(s) becomes ill, we will call the emergency number(s) listed above to inform of your pets symptoms, treatment options, and estimate of additional costs. If no person can be reached, please indicate your wishes below.

- \_\_\_\_\_ Please perform whatever services the doctor deems necessary, for the best care of my pet(s), until someone can be reached. This includes only non-elective treatments and necessary diagnostics.
- \_\_\_\_\_ I authorize up to \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ or other \$ \_\_\_\_\_ in medical care for my pet until someone can be reached.
- \_\_\_\_\_ DO NOT administer any medical treatment until specific authorization is given.

I fully intend to pick up my pet on the above date specified. If circumstances change, I will notify the clinic of a new pick up date.

### FINANCIAL POLICY

**BALANCE IS DUE AT THE TIME OF SERVICE.** If the entire balance is not paid, there will be a monthly charge of 2.5% or a minimum of \$7.50 assessed to the unpaid balance. In case of default on payment of this account, you agree to pay a minimum collection fee of \$250.00 plus all attorney and Small Claims Court Fee's needed to collect the balance.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_