

**Ocoee Animal Hospital**  
88 All Creatures Place • Blue Ridge, GA 30513  
Telephone: 706-632-7387 Fax: 706-632-7807  
Email: [oahbr@etcmail.com](mailto:oahbr@etcmail.com)

Owners Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Pet(s): \_\_\_\_\_  
Medicine: \_\_\_\_\_  
Feeding: \_\_\_\_\_  
Exercise: \_\_\_\_\_

Services (while in boarding): Surgery \_\_\_\_\_ Bath \_\_\_\_\_ Nails \_\_\_\_\_ Anal Glands \_\_\_\_\_

Other: \_\_\_\_\_

Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_

	CHECK IN TIME	CHECK OUT TIME
Monday-Friday	2:00 PM-5:00PM	9:00AM-11:00AM
Saturday	9:00 AM-11:00AM	9:00AM-11:00AM

**IF GIVEN A BATH ON DAY OF CHECK OUT PICK UP TIME WILL BE 2:00PM**

Note:

To ensure the health of ALL pets in our care, we require proof of current vaccinations including bordetella for dogs. If no proof is provided, the pet(s) will be vaccinated at the owner's expense.

We provide high-quality dog and cat foods. If your pet is on a special diet or requires medication, please label and bring with you. Please do not bring leashes or toys as we can not be responsible for lost items. We supply blankets/towels. If you choose to bring items for your pet please list these items separately:

\_\_\_\_\_

\_\_\_\_\_

If your pet becomes ill while boarding we will try to contact you, as soon as possible, via your emergency number. Regardless, unless we are informed otherwise we will examine the pet and initiate necessary treatment at owner's expense.

Weather permitting, dogs are walked twice daily and placed in outside exercise runs.

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|--|--|
| _____ \$5 daily additional walking           | _____ \$3.00 daily medication administration   |
| _____ \$3.50 additional per day holiday rate | _____ \$6.00 early admission/late departure  |
| _____ \$55.00 emergency admission/discharge  | _____ \$10.00 will be assessed for failure to notify Ocoee if pet is to be picked up at a later date |

**Unless specified in writing no one other than the owner may pick up the pet. Thanks!**

Owners Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

\_\_\_\_\_