



Cheat Lake Animal Hospital
286 Fairchance Road
Morgantown, WV 26508
(304)594-1124

Boarding Exam Form

Contact phone number for you during your pet's stay: _____

By signing this form, you authorize the doctor to treat your pet as necessary should he/she be unable to contact you at the number(s) provided.

In the space provided please briefly describe the reason for your pet's exam and any problems/concerns/health issues that may need addressed by the veterinarian:

Special Notes:

After your pet is examined, the doctor or technician will call and discuss any further diagnostics or treatment. If you are unable to be reached, the veterinarian will treat the pet as she/he feels necessary for any health conditions needing addressed immediately.

By signing below you are giving consent to the veterinarians of the Cheat Lake Animal Hospital to examine and treat any emergency conditions and acknowledge that you understand the special notes explained above.

I have read and understand the above information:

Signature: _____

Date: _____