

Boarding Admission Form

Owner's Name _____ Date _____

Pet's Name _____ Breed _____ Age _____ Sex _____ Weight _____ Color _____

Pet's Name _____ Breed _____ Age _____ Sex _____ Weight _____ Color _____

Pet History

Yes No

Cats

| Current | Update Today |
|--|--------------------------|
| <input type="checkbox"/> FERC | <input type="checkbox"/> |
| <input type="checkbox"/> FeLeuk | <input type="checkbox"/> |
| <input type="checkbox"/> FIV | <input type="checkbox"/> |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> |

Dogs

| Current | Update Today |
|---|--------------------------|
| <input type="checkbox"/> DHLP+Parv | <input type="checkbox"/> |
| <input type="checkbox"/> Corona | <input type="checkbox"/> |
| <input type="checkbox"/> Bordetella | <input type="checkbox"/> |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> |

VACCINATION DECLINE: "I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Distemper / Parvo vaccination for dogs and / or Feline Distemper vaccine for cats be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I will provide written evidence of a current rabies vaccination within 24 hours of notification to do so."

DATE: _____ OWNER / AGENT INITIAL: _____

- Is the dog on heartworm preventive?
- Has the pet been checked for intestinal parasites in the last 6 months?
- Any vomiting, coughing, sneezing or diarrhea?
- Is your pet allergic to any drugs?
- Has your pet had any illness or injury in the past 30 days?
- Is pet currently on any medication? What? _____

Current Diet: _____

Admitting Physical Exam: **Normal** **Abnormal** **Temp.** _____

| | | |
|---------------|--------------------------|--------------------------|
| Ears | <input type="checkbox"/> | <input type="checkbox"/> |
| Teeth | <input type="checkbox"/> | <input type="checkbox"/> |
| Throat | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin | <input type="checkbox"/> | <input type="checkbox"/> |
| Fleas Present | <input type="checkbox"/> | <input type="checkbox"/> |

Weight _____

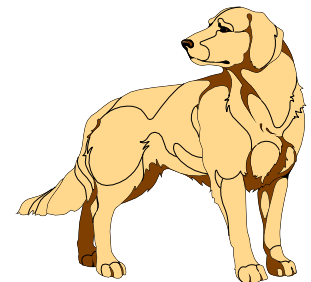
If fleas are present topical flea drops must be applied.
 There is a fee charged for this service.

Pick up date: _____ AM PM

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

| | YES | NO | |
|----------------------------------|--------------------------|--------------------------|-----------------|
| Dismissal Bath | <input type="checkbox"/> | <input type="checkbox"/> | |
| Playtime | <input type="checkbox"/> | <input type="checkbox"/> | _____ Times/Day |
| Comfort Cushion | <input type="checkbox"/> | <input type="checkbox"/> | |
| Daily Pet Treats | <input type="checkbox"/> | <input type="checkbox"/> | _____ Times/Day |
| Medication Administration | <input type="checkbox"/> | <input type="checkbox"/> | _____ Times/Day |

(There is an additional charge for daily medication administration.)



MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

Physical Exam Specific Problem: _____
Fecal Exam
Dental Cleaning
 Other: _____

OWNER RELEASE

I understand you CANNOT guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. **I understand ALL pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.** If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my pet should bite any person or other pet while on the clinic premises.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my agent can be reached.

If any problem is observed or develops:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do NOT perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an EMERGENCY arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

I have been provided with a copy of the boarding policy handout/brochure explaining boarding policy and regulations.

Date: _____ Owner / Agent: _____

Name & Phone Number of Responsible Party to be Reached in an Emergency:

Admitting Technician Initials: _____

Special Notes And / Or Instructions: