

THANK YOU FOR CHOOSING TO BOARD YOUR PET AT SEVILLE VETERINARY HOSPITAL! FOR YOUR PETS SAFETY, WE REQUIRE THAT ALL BOARDING PATIENTS BE CURRENT FOR THEIR ANNUAL EXAM, VACCINES, AND FLEA&TICK PREVENTION.

- CANINES: RABIES, DHPP, BORDETELLA, LEPTOSPIROSIS AND INFLUENZA.
- FELINES: RABIES, FVRCP, FELV/FIV AND BORDETELLA.

CLIENT INFORMATION

Date _____
Client Number _____ Client Name _____ Last Name _____
Emergency Contact: _____
Phone: _____

Please make sure there is a responsible contact person to make decisions for your pet(s).

BOARDING RESERVATION

Drop-Off Date: _____ Time: _____ Pick-Up Date: _____ Time: _____
Total Number of Days: _____ (If picked up before 11 am, there will be no charge for that day)

Please also perform the following procedures while my pet is boarding: (Additional cost may apply)

Pedicure Bath Anal Sac Expression Exam: _____ (please list reason for exam)

PATIENT INFORMATION

Patient # 1 Species: Canine / Feline (circle one)

Name: _____ **Age:** _____ **Sex:** Male / Neutered Male/ Female / Spayed Female

Allergies: Yes No Please List: _____

DIET PATIENT # 1

Owner Hospital Dry Canned Has Pet eaten today? Y N

Amount: _____ (cups, scoops, etc) **How Often:** _____ (1, 2, 3 x per day)

MEDICATIONS PATIENT # 1

My pet needs to receive medications while boarding: Yes / No

I understand all medications need to be in original bottle for us to dispense and that patients receiving medications while boarding are assessed a **\$2.00 per day fee.**

Name: _____ **How Given:** _____

Name: _____ **How Given:** _____

Name: _____ **How Given:** _____

BEHAVIOR PATIENT 1

Does your pet do well with other animals: Yes No Please Explain: _____

Is your pet allowed to have bedding in his or her kennel: Yes No Please Explain: _____

Does your pet responds to special commands to go to potty: Yes No Please Explain: _____

Is your pet leash trained: Yes No Please Explain: _____

Patient # 2 Species: Canine / Feline (circle one)

Name: _____ **Age:** _____ **Sex:** Male / Neutered Male/ Female / Spayed Female

Allergies: Yes No Please List: _____

DIET PATIENT # 2

Owner Hospital Dry Canned Has Pet eaten today? Y N

Amount: _____ (cups, scoops, etc) **How Often:** _____ (1, 2, 3 x per day)

MEDICATIONS PATIENT # 2

My pet needs to receive medications while boarding: Yes / No

If yes, please see or request attached medication information form. Needs to be reviewed and initialed.

My pet takes a total of _____ medications.

I understand all medications need to be in original bottle for us to dispense and that patients receiving medications while boarding are assessed a **\$2.00 per day fee.**

Name: _____ **How Given:** _____

Name: _____ **How Given:** _____

Name: _____ How Given: _____

BEHAVIOR PATIENT 2

Does your pet do well with other animals: Yes No Please Explain: _____
Is your pet allowed to have bedding in his or her kennel: Yes No Please Explain: _____
Does your pet responds to special commands to go to potty: Yes No Please Explain: _____
Is your pet leash trained: Yes No Please Explain: _____

Patient # 3 Species: Canine / Feline (circle one)

Name: _____ **Age:** _____ **Sex:** Male / Neutered Male/ Female / Spayed Female
Allergies: Yes No Please List: _____

DIET PATIENT # 3

Owner Hospital Dry Canned Has Pet eaten today? Y N
Amount: _____ (cups, scoops, etc) How Often: _____ (1, 2, 3 x per day)

MEDICATIONS PATIENT #3

My pet needs to receive medications while boarding: Yes / No
If yes, please see or request attached medication information form. Needs to be reviewed and initialed.
My pet takes a total of _____ medications.
I understand all medications need to be in original bottle for us to dispense and that patients receiving medications while boarding are assessed a **\$2.00 per day fee.**

Name: _____ How Given: _____
Name: _____ How Given: _____
Name: _____ How Given: _____

BEHAVIOR PATIENT 3

Does your pet do well with other animals: Yes No Please Explain: _____
Is your pet allowed to have bedding in his or her kennel: Yes No Please Explain: _____
Does your pet responds to special commands to go to potty: Yes No Please Explain: _____
Is your pet leash trained: Yes No Please Explain: _____

BELONGINGS Please list all belongings:

SEVILLE VETERINARY HOSPITAL DISCLOSURE INFORMATION *Please read carefully before signing.*

Hospital Hours: We are staffed Monday, Wednesday, and Friday 7:00 am – 6:00 pm, Tuesday and Thursday 7:00 am – 7:00 pm, Saturday 8:00 am – 2:00 pm, Sunday/Holidays Closed. This is to inform you that we do are not staffed 24 hours for patient care. Continuous medical care will resume on the following business day according to the above schedule. We provide weekend and holiday care on a regular but intermittent basis only. No pick-ups are available on Sundays, after hours, or holidays. **Please initial _____**

Flea and Tick Policy: All boarding pets must be free of fleas and ticks. All pets will be admitted to boarding after they have received an application of flea and tick prevention. **Please initial _____**

Vaccination Policy: To insure the protection of all pets under our care, the following vaccinations must be up to date. **Dogs:** DHLP-CPV (Distemper), Bordetella (Kennel Cough), Rabies and Influenza **Cats:** FVRCP (Distemper), Bordetella (Kennel Cough) and Rabies. If my pet is not current on all above vaccinations, I give my permission for Seville Veterinary Hospital to update the vaccination(s) in accordance with the above policy. I understand an examination fee will be charge as well as the vaccination fee to my final bill. **Please initial _____**

Belongings brought from home: All belongings are to be labels with your pet’s name and your last name. Please verify that you have made a list of all belongings brought above. We are not responsible for any damaged or lost items. We provide bedding, toys, and bowls for all pets. **Please initial _____**

Medical Needs: One of the advantages of boarding your pet at Seville Veterinary Hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed regarding your pet’s symptoms, treatment options, and a verbal estimate of additional costs will be provided. If no one can be reached, Seville Veterinary Hospital will perform whatever services the doctor deems necessary for the best care for your pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics. **Please initial _____**

I have read this form and I am aware of the above staffing hours and understand the above Flea and Tick Prevention, Vaccination, Belongings and Medical Illness Policies. I agree to pay for any additional fees necessary to be in accordance with the above policies.

Signature: _____ Date: _____

