

<date>

BOARDING ADMISSION FORM

Owner's Name _____ Date _____

<animal> _____ Breed _____ Age _____ Sex _____ Color _____

Pet History

Vaccination History:

<u>Current</u>	<u>Update Today</u>
Cats	
FVRCP	
FeLeuk	
FIP	
Rabies	
FeLeuk/FIV Test	

<u>Current</u>	<u>Update Today</u>
Dogs	
DHLPP+Parv	
Corona	
Bordetella	
Rabies	
Heartworm Test	

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 can & will provide written evidence of a current rabies vaccination within 24 hours of notification to do so."

OWNER / AGENT INITIAL: _____

YES NO

Is <animal> on heartworm preventive? _____

Has <animal> been checked for intestinal parasites in the last 6 months? _____

Any vomiting, coughing, sneezing or diarrhea? _____

Is <animal> allergic to any drugs? What? _____

Has <animal> had any illness or injury in the past 30 days? _____

Is <animal> on any medication? What? _____

Current Diet: _____

Special Feeding Instructions: _____

Hospital use only

Admitting Physical Exam: Normal Abnormal Temp: _____ Weight: _____

Ears
Skin
Teeth
Throat

Eyes

Notes:

evidence of fleas present, topical flea drops must be applied. There is a fee charged for this service.

If

FLEA EVIDENCE PRESENT: APPLY FLEA DROPS UPON ADMISSION

Pick Up Date: _____ **AM** **PM**

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

	YES	NO	
Dismissal Bath			Please ask for prices.
Playtime			_____ Times/Day
Comfort Cushion			
Daily Pet Treats			_____ Times/Day
Medication Administration			_____ Times/Day

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

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

Physical Exam	Specific Problem: _____	
Fecal Exam	Heartworm Test	Update Vaccinations As Above
Dental Propy	FeLeuk/ FIV Test	Spay or Neuter
Other:	_____	

Continued...

OWNER RELEASE

I understand you can not guarantee the health of <animal> 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 <animal> should bite any person or other pet while on the clinic premise

I understand that in the event of <animal>'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 <animal> 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 <animal> and/or perform such emergency procedures as may be necessary for the health of <animal> until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to <animal>.

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 <animal> 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 <animal> will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up <animal> within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> 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.

I understand there is an additional charge for any pet deemed aggressive during the boarding period.

Date: _____ Owner / Agent: _____

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

Admitting Technician Initials: _____

Special Notes And / Or Instructions: