

Animal Name: _____ Client Name : _____

Arrival Date: <check-in> _____ Departure Date: <check-out> _____

What phone number(s) can we reach you at while you are away? _____

Emergency contact name and phone: _____

VACCINATIONS We require boarding animals to be current on vaccinations and parasite free. We look for boarders to be at least 12-14 weeks old in order to be properly vaccinated and encourage vaccinations be updated one to two weeks in advance of boarding, to be most effective. Do vaccinations need to be updated?

Current Vaccinations due: Bordetella _____ DACPP _____ DACPP+L _____ Rabies _____ FVRCP+FeLeuk _____

Is your pet on heartworm preventive? No Yes , type? _____

If no, would you you be interested in learning about heartworm options? No Yes

Has your pet been checked for intestinal parasites in the last 6 months? No Yes , date? _____

Any vomiting, coughing, sneezing or diarrhea? No Yes , type? _____

Is your pet allergic to any drugs? No Yes , what? _____

Has your pet had any illness or injury in the past 30 days? No Yes , date? _____

Is your pet on any medication? No Yes , what? _____

Are you providing your own food for your pet? No Yes

If YES, give feeding instructions: _____

We will provide *Hill's Science Diet Sensitive Stomach & Skin* food for boarding pets, in portions recommended for your pet's weight, unless your own food and instructions are supplied. Please clearly mark your pet /(and your last) name on any food and personal items supplied. NOTE: 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.

OWNER RELEASE

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'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 premise

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.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my emergency contact to discuss the problem and treatment options. If unable to contact me immediately and the staff is therefore authorized to initiate appropriate treatment until me or my agent can be reached.

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

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

The clinic will 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.

I will call if my "pick-up date" changes so you can plan accordingly. 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 my pet is abandoned and are hereby authorized to act accordingly.

I have been provided with a copy of this boarding questionnaire and understand boarding policy given herein.

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

Date: _____ Owner / Agent: _____

Responsible Party to be reached in an Emergency:

Name _____ Phone Number _____