



BOARDING ADMISSION FORM

Owner's Name _____ Date _____

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

Pet Vaccine History

Please fill in blanks with either: *Date Administered Last* OR if past due, write: *Update Today*

For the protection of your pet/pets the following vaccinations are required

Dogs must have Rabies, DHLPP and Bordetella

Cats must be up to date on Rabies and FVRCP

CATS		DOGS	
FVRCP		DHLPP	
Feline Leukemia		Bordetella	
Rabies		Rabies	
Other:			

Is your pet on heartworm preventive? _____

Any vomiting, coughing, sneezing or diarrhea? _____

Is your pet allergic to any drugs? If so, what drugs? _____

Has your pet had any illness or injury in the past 30 days? _____

Is your pet on any medications? If so, what? _____

Note: All animals will be given CapStar at the cost of \$15 (Does not prevent fleas but kills any fleas that are currently on the animal)

Current Diet: _____

Special Feeding Instructions: _____

Personal Belongings (kennel, bedding, food): _____

Medication Administration YES NO _____ Times/Day

(There is an additional \$8.75 charge for daily medication administration.)

Note: If you are boarding and forget your animal's prescription, a new prescription will be made at owner's expense. _____

Initial

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

Bath **Nail trim** **Hygiene trim** **Other** _____

Any Veterinary concerns or other needs to be addressed?

OWNER RELEASE

I understand you cannot guarantee the health my 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'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 animal should bite any person or other pet while on the clinic premise.

I understand that in the event of my 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 myself or my agent can be reached. Should an EMERGENCY arise, I authorize the medical staff to sedate my animal and or perform such emergency procedures as may be necessary for the health of my animal until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my 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 my 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 my animal will be treated as noted above and I assume full responsibility for the treatment expense incurred.

Date: _____ Owner/Agent: _____

Name & phone number of responsible party to be reached in an emergency:

Admitting Technician Initials: _____