

BOARDING ADMISSION FORM

Date

For _____
Pet Name Owner's Last Name

_____ lbs
Age Species Breed Sex Weight

Owner's First Name Owner's Last Name

Owner's Street Address City State/Region Postal Code/Zip

Owner's Phone Number

For the safety of other pets and personnel, all boarders must be current on required vaccines. If vaccines were given at another clinic, proof must be provided prior to admission. Pets not vaccinated will not be admitted.

PLEASE INITIAL FOR OPTIONAL SERVICES AVAILABLE AT AN ADDITIONAL CHARGE:

Extra Playtime (two 15 min sessions)	\$10.20/day	_____	(initial)
Medication Administration	\$4.00-\$8.00/day	_____	(initial)
Bath prior to discharge	(price is weight dependent)	_____	(initial)
Microchip (identification chip)	\$71.50	_____	(initial)

OWNER RELEASE

I understand you can not guarantee the health of 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.

I understand that in the event of 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 me or my agent can be reached. I agree to pay, in full, all charges for services rendered for and to 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 PET, he/she will be treated as noted above and I assume full responsibility for the treatment expense incurred. 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 PET.

I agree to notify you if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up PET within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that PET is abandoned and are hereby authorized to find suitable placement of PET as you deem best and/or necessary. For our purposes, aggressive is defined as any direct action on the part of the pet to lunge at or bite an individual or other animal with the probable intention of doing harm to that person or other pet. In the event any pet is deemed aggressive at the time of boarding admission or during their stay in our facility, the pet will be categorized as an "aggressive pet." **The boarding fee for that aggressive pet will be double the normal boarding fee / day while under our care.** We have made special arrangements within our facility to handle these pets to include totally secure runs and special feeding arrangements to ensure the safety of all personnel and other pets. We will **NOT** guarantee the condition of these pets upon the owner's return.

Date Animal Name Owner's Last Name _____ **initial**

Boarding fees are assessed as follows:

Check-in before 12:00pm = 1 day

Check-in after 12:00 = 1/2 day

Check-out before 12:00 = 1/2 day

Check-out after 12:00 = 1 day

**Office visits will be charged for any pet not seen by the staff doctor within past 6 months, due for vaccinations, or any pet that has developed a new condition and has not been seen by a staff doctor for such condition. This policy is implemented to ensure your pet's safety and health.*

For dogs, please indicate kennel size: Small/ Medium/ Large/ Run

For cats, please indicate number of condos: _____

Pick Up Date: _____

Pick Up Time: _____ AM PM

Please note that your pet may have vomiting and/or diarrhea after returning home or during their stay with us. Please call us if this occurs once your pet has returned home.

I have read the above and agree to the terms and conditions as set forth in this policy and regulations.

(Owner or Owner's Agent)

(date)

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

To ensure proper return, please list any items and explain in detail brought with your pet (bed, blankets, toys, food, etc):

Date Animal Name Owner's Last Name

_____ **initial**

HOSPITAL USE ONLY

PET WILL BE FED:	OWN FOOD	HOSPITAL FOOD
PET MUST BE:	MEDICATED	NOT MEDICATED
PET IS:	AGGRESSIVE	NOT AGGRESSIVE
PET MUST BE:	BATHED	NOT BATHED
PET RECEIVES:	EXTRA PLAY	NO EXTRA PLAY
PET RECEIVES:	GREENIES/ TOY	NO GREENIES/ TOY
PET MUST BE GIVEN:	PC/ MICROCHIP	NO PC/NO MICROCHIP
PET NEEDS:	DOCTOR EXAM	NO DOCTOR EXAM

PHYSICAL EXAM ADMISSION FORM:

Is PET on heartworm preventive? _____ Date of last dose? _____
 Is PET on flea preventative? _____ Date last dose? _____
 Does PET have any allergies to any medications/other? _____ If so, which ones? _____

Has PET had any: V/D? Coughing? Sneezing? Illness/Injury?
 Abnormal U/D? Lethargy? Change in Appetite?

If so, explain in detail _____

Current Diet: _____ Special Feeding Instructions: _____

Any other concerns: _____

If playtime opted, what special things does your pet like to do? _____

Physical Exam:	Normal/Abnormal	Comments
T/P/R		
Ears		
Eyes	Oral/ Teeth	
Heart/Lungs		
Skin		