

<date>

## BOARDING ADMISSION FORM

<animal> <last-name>

<age>, <weight>, <breed>, <species>

<first-name> <last-name>

<address> <city>, <st> <zip>

<phone>

*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	_____	<b>(initial)</b>
Medication Administration	\$8.29/day	_____	<b>(initial)</b>
Bath prior to discharge	(price is weight dependent)	_____	<b>(initial)</b>
Microchip (identification chip/ including first year registration)	\$72.02	_____	<b>(initial)</b>

### 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.

**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 me or my agent can be reached. I agree to pay, in full, all charges for services rendered for and to <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>, 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 <animal>.

**I agree to notify you 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 find suitable placement of <animal> 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.

\_\_\_\_\_ **initial**  
<date>, <animal> <last-name>

**Boarding fees are assessed as follows:**

Check-in before 12:00pm = 1 day  
Check-in after 12:00 = ½ day  
Check-out before 12:00 = ½ 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 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> <last-name>

**HOSPITAL USE ONLY**

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

**PHYSICAL EXAM ADMISSION FORM:**

Is <animal> on heartworm preventive? \_\_\_\_\_ Date of last dose? \_\_\_\_\_  
 Is <animal> on flea preventative? \_\_\_\_\_ Date last dose? \_\_\_\_\_  
 Does <animal> have any allergies to any medications/other? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

Has <animal> 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		