



NORTHSIDE
Veterinary Hospital

BOARDING ADMISSION FORM

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

Pet History	<u>Cats</u>	<u>Dogs</u>
Vaccination	Current	Update Today
History:	FVRCP	DHLPPC
	FeLeuk	Bordetella
	Rabies	Rabies

Is your pet on heartworm preventive? _____

Any vomiting, coughing, sneezing or diarrhea? _____

Is your pet allergic to any drugs? What? _____

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

Is your pet on any medication? What? _____

Current Diet: _____

Special Feeding Instructions: _____

If evidence of fleas/ticks present, topical drops must be applied. There is a fee for this service.

Pick Up Date: _____ AM PM

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

Dismissal Bath	YES	NO	
Medication Administration	YES	NO	_____ Times/Day
Heartworm Test	YES	NO	

Other _____

(There is an additional \$5.00 charge for daily medication administration.)

OWNER RELEASE

I understand you can not guarantee the health of my 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.

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 my 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 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 may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

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 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.

Date: _____ Owner / Agent: _____

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

Admitting Technician Initials: _____

Special Notes And / Or Instructions: