

# BOARDING ADMISSION FORM

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Animal Name\_<Animal>\_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

## Pet Vaccine History

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

CATS		DOGS	
FVRCP		DHLPP	
Feline Leukemia		Bordetella	
Rabies		Rabies	
Other: _____		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 medication? If so, what? \_\_\_\_\_

Is your pet on flea/tick prevention? \_\_\_\_\_ Are fleas/ticks present today? Y/N

**If evidence of fleas/ticks present, prevention must be administered at owner expense.**

Current Diet: \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

**Medication Administration** YES NO \_\_\_\_\_ Times/Day

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

**Pick Up Date:** \_\_\_\_\_ AM PM

### OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

Daily Play Time (\$5.00)	YES	NO	
Dismissal Bath Package	YES	NO	
*Grooming Hair Cut	YES	NO	*See Grooming Receptionist

**Any Veterinary concerns or other needs to be addressed?** \_\_\_\_\_

\_\_\_\_\_

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## 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.

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 currently there are only 3 out of 10 "kennel cough" pathogens that are preventable with routine core vaccinations, therefore I will not hold the clinic liable in the event that <Animal> contracts "kennel cough" before, during or after visiting our hospital, grooming or boarding facility. I am aware that if my pet acquires symptoms of "kennel cough" in association with boarding, my pet will receive a complimentary exam and pathogen culture (if desired). Any medications or further diagnostics that may become warranted will be at my expense. I understand that I will be reimbursed for any expenses associated with the treatment of my pet by the manufacturer of the vaccine, if the culture returns positive for one of the preventable pathogens.

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 or my agent can be reached. Should an **EMERGENCY** arise, I authorize the medical staff to sedate <animal> and/or perform such emergency procedures as may be necessary for the health of <animal> until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to <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 <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> 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: \_\_\_\_\_