

## Boarding Admittance Form

Please circle if your pet is up to date on vaccination or needs updated on vaccinations

Cat:	Circle One		Dog	Circle One	
Rabies	Current	Update	Rabies	Current	Update
FVRCP	Current	Update	DHLPP	Current	Update
FelV	Current	Update	Bordetella	Current	Update
Flea/tick Prevention	Current	Update	Flea/tick Prevention	Current	Update
FELV/FIV/HWT	Current	Update	Heartworm Test	Current	Update

Is your pet on heartworm preventive? Yes [ ] No [ ] If yes, what brand and last given \_\_\_\_\_

Are fleas/ticks present today? Yes [ ] No [ ]

Any vomiting, coughing, sneezing or diarrhea? Yes [ ] No [ ] If Yes please describe \_\_\_\_\_

Is your pet allergic to any medication? If so, what medication? \_\_\_\_\_

Has your pet had any illness or injury in the past 30 days? Yes [ ] No [ ] If yes please describe \_\_\_\_\_

Current Diet: \_\_\_\_\_ Daily feeding instructions: \_\_\_\_\_

Is your pet on any medication? Yes [ ] No [ ]

**Medication Administration** Yes [ ] No [ ]

**Was medication given today** Yes [ ] No [ ]

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

What type of medication needs to be given	When is the next dose due	Frequency of dosage

**OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:**

Daily Play Time (\$5.00) per day Yes [ ] No [ ]

Dismissal Bath Package Yes [ ] No [ ]

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

Personal items accompanying pet \_\_\_\_\_

Special Notes And / Or Instructions \_\_\_\_\_

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

Pick up date \_\_\_\_\_ and time \_\_\_\_\_ Am [ ] or PM [ ]

Signature of Owner/Authorized Caretaker \_\_\_\_\_ Date \_\_\_\_\_



## OWNER RELEASE

I understand you cannot guarantee the health of my pet/s. 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, intestinal parasites 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 my pet/s should bite any person or other pet while on the clinic premise.

I have been notified of the current outbreak of Kennel Cough in the City of Shawnee area. I understand that currently there are only 2 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 my pet/s 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 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/s and/or perform such emergency procedures as may be necessary for the health of my pet/s until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet/s.

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/s. 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/s will be treated as noted above and I assume full responsibility for the treatment expense incurred.

**Date:** \_\_\_\_\_ **Owner / Agent:** \_\_\_\_\_

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

---

**Admitting Technician Initials:** \_\_\_\_\_

\*\*Due to client demand and capacity limitations, all checkouts will be scheduled between 9am and 11am to allow for adequate preparation for the afternoon reservations. If your pet requires an afternoon pick up, you will be charged an additional day board charge of \$10.

Date admitted: \_\_\_\_\_

Date of departure: \_\_\_\_\_

## Boarding Sheet

Medical Alert:	/		/		/		/	
	AM	PM	AM	PM	AM	PM	AM	PM
<b>Drinking / Eating</b>	/	/	/	/	/	/	/	/
<b>Urine / Stool</b>	/	/	/	/	/	/	/	/
<b>Vomiting / Diarrhea</b>	/	/	/	/	/	/	/	/
<b>Food Amount</b>								
<b>Play Time</b>								
<b>Initials of Caretaker</b>								

Medication	Date given Dose Frequency	/		/		/		/	
		AM	PM	AM	PM	AM	PM	AM	PM
<b>Food Type</b>									Who completed task
<b>Owner Concerns?</b>									
<b>Medication Refills?</b>									
<b>Vaccines Needed?</b>									

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Items:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_