

# Boarding Admission Form

Date\_\_\_\_\_ Pick-up date\_\_\_\_\_

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

Pet's Name\_\_\_\_\_ Breed\_\_\_\_\_ Color\_\_\_\_\_ Collar\_\_\_\_\_

Vaccinations current\_\_\_\_\_ Bordetella\_\_\_\_\_ Where given\_\_\_\_\_

I understand that it is clinic policy that vaccinations be current. Where given\_\_\_\_\_

Has your pet been sick or on medication in the last month? \_\_\_\_\_

Diet\_\_\_\_\_ Medications\_\_\_\_\_

Special Instructions\_\_\_\_\_

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. External parasites (fleas, ticks) will be treated on admission or discovery at owners expense. 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 I or my agent can be reached

Should an emergency arise, I authorize the medical staff to sedate/or perform such emergency procedures necessary for the health of my pet until I can be notified. I agree to pay in full, all charges necessary for the services rendered to my pet.

I understand the clinic is not responsible for the loss or damage to personal items left with my 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. The clinic and staff will not be held liable for any problems that develops provided reasonable care and precautions are followed.

I will call if my "pick up" date changes so you can plan accordingly. If I neglect to pick up my pet within five days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of my pet as you deem best and/or necessary.

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

Name & Emergency number\_\_\_\_\_

Pet's Name\_\_\_\_\_ Breed\_\_\_\_\_ Pick-up\_\_\_\_\_

Admitting Exam                      Normal                      Abnormal

Fleas present                      Yes                      No                      Flea treatment\_\_\_\_\_

Medical Services requested\_\_\_\_\_

Special Notes and/or Instructions\_\_\_\_\_

Admitting Technician Initials\_\_\_\_\_

Date

Exercise

Meds adm

Appetite

Attitude

Bowels

Problems

Tech initials