

Boarding Admission Form

Dates Boarding: _____

Owner: _____

Phone: _____

Pets: (Name/Breed/Age/Sex/Color)

1. _____

2. _____

3. _____

Medical History

Is pet(s) on flea/tick prevention? _____

If yes, what kind? _____

Is pet(s) on heartworm prevention? _____

If yes, what kind? _____

Any vomiting, coughing, sneezing or diarrhea? _____

Is pet(s) allergic to any drugs/medications? _____

Has pet(s) had any illness or injury in the past 30 days? _____

Is pet(s) currently on any medications? _____

If yes, what medications? _____

Current diet? _____

Are there any special feeding instructions? _____

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE

Physical Exam Specific Problem: _____

Dental Prophylaxis Other: _____

Bath

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I understand that in the event of _____ illness, the staff will 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 there for to initiate the following:

If any problem is observed or develops: (please initial the appropriate response)

- _____ Please treat as required, you need not call me
- _____ Perform only emergency and supportive care. Notify me for permission to begin any other treatment
- _____ Should an EMERGENCY arise, I authorize the medical staff to sedate and/or perform such emergency procedures as may be necessary for the health and welfare of my pet until I can be notified

After three (3) unsuccessful attempts to contact the pet's owner of impending medical problem(s) the Animal Medical Center Boarding Facility will treat the pet(s) medical condition at regular hospital fees.

I agree to pay, in full, all charges for necessary services rendered.

I understand that the Animal Medical Center 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 Animal Medical Center is to use all reasonable precaution against injury, escape or death of pet. The Animal Medical Center 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 the pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick-up my pet(s) within 5 days of the scheduled date for discharge, and do not notify you within that time period, you may assume that my pet(s) is abandoned and are hereby authorized to dispose of pet as you deem best and/or necessary.

I understand there is an additional charge for any pet deemed aggressive during the boarding period.

Owner/Agents Signature and Date

Name(s) & phone number(s) of responsible party to be reached in an emergency:
