

BOARDING ADMISSION FORM

Date:

Owner/Patient Information Label:

Technician Initials: _____

Vaccination History:	<u>Current</u>	<u>Update Today</u>
FVRCP	_____	_____
Rabies 1yr	_____	_____

Would you like us to check a fecal sample for intestinal parasites? _____

Current medication dose, frequency, and time of last dose: (if applicable) _____

When was _____'s last flea and tick treatment? _____

Current Diet: _____

Special Feeding Instructions: _____

Personal belongings: _____

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

Pick Up Date: _____ **AM** **PM**

Special Notes/Instructions:

OWNER RELEASE

I understand you cannot guarantee the health of _____ I understand and will not hold the clinic responsible for conditions that can occur 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 _____ should bite any person or other pet while on the clinic premise.

I understand that in the event of _____'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.

If any problem is observed or develops:

_____ Please treat _____ as required, you need not call me.

_____ Perform only emergency and supportive care. Notify me for permission to begin any other treatment.

_____ Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

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

The clinic is to use all reasonable precaution against injury, escape, or death of _____. 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 _____ 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 _____ on the date scheduled for discharge, I understand I will be charged an additional day(s) boarding at the clinic.

IN CASE OF EMERGENCY PLEASE CALL:

Name: _____ Phone: _____

Date: _____ Owner / Agent Signature: _____