

Boarding Admit

Client Name: _____

Patient Name: _____ Breed: _____ Sex: _____ Age: _____

Boarding includes: Daily feeding, 2 walks per day (dogs), climate control & security system. Capstar is given to each dog at admittance and discharge (this is to insure pets go home without fleas).

Family Boarding:

_____ I would like my pets _____ to board together & I understand that if my pets fight they will be separated. Any injury that occurs will be treated at owner expense.

Extra Services: Please initial in space provided to request optional services.

- | | |
|--|--|
| <input type="checkbox"/> Fecal | <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> Pedicure | <input type="checkbox"/> Heartworm Test |
| <input type="checkbox"/> Express Anal Glands | <input type="checkbox"/> FeLeuk/FIV Test |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Pedi/Clean Ears/Express Anal glands |
| <input type="checkbox"/> Microchip | |

If I request a physical examination and a problem is found (such as ear infection) I **DO** _____ **DO NOT** _____ approve of medications to be dispensed and treatment started at my expense

Medical Condition:

Please list any medical conditions we should be aware of: _____

Will your pet need medications administered while staying with us: Yes No

Name of Medication	Amount to give	Time Given	am	pm
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

There is a fee each day oral medications are given.
If diarrhea develops, pets will be treated at owner's expense.

Your Pet's Care: Please fill out all requested information completely.

I have provided food for my pet. Yes No *All pets are fed dry Hill's Science Diet
My pet is fed _____ cup(s) or can(s) for each meal. My pet is fed: AM/PM AM only PM only Free Feed
Please list and describe all belongings left with your pet: _____

Statement of Liability:

For the health and protection of all boarding pets, vaccinations and fecal examinations must be current. If no proof of either is provided, the service will be performed at the owner's expense. If any intestinal parasites are seen from the fecal examination, ticks are found on the animal or any other health problems or injuries that occur while boarding will be treated by a staff veterinarian at owner's expense. University Animal Hospital is not responsible for lost or damaged personal belongings.

Would you like to be contacted if your pet develops a problem while boarding? Circle one:

Emergency Only

Any Reason

Owner Signature: _____ Date: _____

Emergency contact: _____ Phone#: _____

Office Use:

Weight _____ Date In _____ Date Out _____ Last Fecal _____ HW Prev _____ PE _____

DHPP _____ Lepto _____ Bordetella _____ Rabies _____ FVRCP _____