

HEALTHY PET HOSPITAL

BOARDING ADMISSION FORM

Date: _____

Owner: _____ Pet's Name: _____

Breed: _____ Sex: _____ Boarding Drop off Date: _____ Boarding Pick up Date: _____

FOR ALL PATIENTS BEING ADMITTED TO THE HOSPITAL FOR ANY PERIOD- PROOF OF CURRENT VACCINATION, ANNUAL FECAL TEST, AND MONTHLY FLEA/TICK PREVENTION IS REQUIRED IF NOT PERFORMED AT Healthy Pet Hospital. IF NO PROOF IS PROVIDED, THE PATIENT WILL RECEIVE ALL ABOVE SERVICES AT TIME OF ADMISSION. ALSO, IF PET HAS NOT BEEN EXAMINED WITHIN THE LAST 12-MONTHS AT Healthy Pet Hospital, AN EXAM WILL BE COMPLETED UPON ADMISSION.

VACCINATION DECLINE: "I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Distemper / Parvo vaccination for dogs and/or Feline Distemper vaccine for cats to be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I can & will provide written evidence of current rabies vaccination within 24 hours of notification to do so." **OWNER / AGENT INITIAL:** _____

Please answer the following questions:

Is your pet on flea/ heartworm preventive? Date Last Given & Product Name: _____ YES NO

***If evidence of fleas on your pet(s) is noted, flea preventative must be administered. A fee will be charged for this service**

Has your pet been checked for intestinal parasites in the last 12 months? YES NO

***Annual fecal test is required for all boarding pets. If proof is not provided at intake, one will be performed in house for an additional fee. All boarding pets will receive an intestinal parasite prevention at no additional cost.**

Any vomiting, coughing, sneezing, or diarrhea? YES NO

Has your pet had any illness or injury in the past 30 days? YES NO

Is your pet allergic to any medications? If so, please list medications: YES NO

If so, please list medications: _____

Is your pet on any **current medication**? YES NO

If so, please list medication name, the amount given, frequency of dosing, and note if received dose(s) today:

Current Diet: _____

Special Feeding Instructions: _____

Pick up Date: _____ Estimated Time: _____

Please notify us if there will be a change in pick-up date/time

Kennel to be shared with other pet(s) in my family? YES NO

Pet(s) Names: _____, _____ & _____

Initial the following:

_____ I voluntarily request that Healthy Pet Hospital board my pets in the same run or kennel. I understand that my pets will be housed together for the duration of their stay unless problems arise.

_____ I hereby voluntarily release Healthy Pet Hospital, its employees and agents from all responsibility or liability arising from injury or damage inflicted by one of my dogs on another during their stay.

_____ I understand that in the event of such injury or damage, I am liable for all charges of medical services provided by Healthy Pet Hospital for treatment of said injuries or damage.

_____ I understand that in the event of aggressive behavior directed against one of my pets by another, that they will be separated and housed individually for the remainder of their stay.

Signature of Owner / Agent: _____ Date: _____

HEALTHY PET HOSPITAL

ADDITIONAL SERVICES Optional services available at additional charge

BOARDING SERVICES

(PLEASE CIRCLE)

Additional fees may apply

Medication Administration per day	YES	NO
Additional Walk Per Day	YES	NO
*All pets receive 1-2 walks per day		
Fecal Test	YES	NO
Dismissal Bath	YES	NO
Nail Trim *included with dismissal bath	YES	NO
Anal Glands *included with dismissal bath	YES	NO

MEDICAL SERVICES

(PLEASE CIRCLE)

Additional fees may apply

Physical Exam	YES	NO
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Specific Problem(s): _____

**A Doctor will call you with the results of the physical exam and notify you of any treatment recommendations he/she deems as necessary. No treatment will be performed without verbal authorization from the owner or representative.*

Dental Prophylaxis	YES	NO
Heartworm Test	YES	NO
Microchip & Registration	YES	NO
Ear Cleaning	YES	NO

Other Medical Services Requested: _____

A Doctor will call you with the results of the physical exam and notify you of any treatment recommendations he/she deems as necessary. No treatment will be performed without verbal authorization from the owner or representative. All pre-approved services and their charges are due and payable at time of drop off.

Signature of Owner / Agent: _____

Date: _____

HEALTHY PET HOSPITAL

OWNER RELEASE

Initial the Following:

____ I understand you cannot 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. 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.

____ I understand that there may be times after hours or when the business is closed when there will be no staff on the premises.

____ 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 should bite any person or other pet while on the clinic premise

____ 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.

If any problem is observed or develops (CHOOSE ONLY ONE):

- Please treat my pet 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 my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

____ 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. **Items left with my pet include:**

____ The clinic is to use all reasonable precautions against injury, escape, or death of my pet, 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 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 within 5 days of the date scheduled for discharge, and do not notify you within that period, you may assume that my pet is abandoned and are hereby authorized to dispose of/re-home my pet as you deem best and/or necessary. If I pick up within the 5 days, but after the scheduled pick-up date, I am aware there will be additional boarding charges beyond what was initially quoted.

Date: _____ **Signature of Owner / Agent:** _____

Name/Phone Number of Responsible Party (over 18 years of age) to be reached in case of an Emergency:

Name: _____ **Phone Number:** _____