

Date: \_\_\_\_\_

## BOARDING ADMISSION FORM

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

### Vaccination History

#### CATS

Date Due	Update Today
_____ Rabies	yes / no
_____ PRC	yes / no
_____ FeLeuk	yes / no
_____ FIV	yes / no
_____ FELV Test	yes / no
_____ Fecal	yes / no

#### DOGS

Date Due	Update Today
_____ DHPP+/-L	yes / no
_____ Bordetella	yes / no
_____ Rabies	yes / no
_____ Lyme	yes / no
_____ Dental Vac	yes / no
_____ Rattlesnake	yes / no
_____ HW Test	yes / no
_____ Fecal	yes / no
_____ Influenza	yes / no

**Vaccination Requirements:** I understand that state law requires Rabies vaccination for all pets. I also understand clinic policy requires Bordetella and Distemper/Parvo vaccination for dogs and feline distemper vaccines for cats to be current. If my pets bites or scratches another animal or person while at this animal hospital, I will provide written evidence of a current rabies vaccination within 24 hours of notification to do so.

INITIAL PLEASE \_\_\_\_\_

**Canine Influenza:** There is a recognized pandemic of canine influenza similar to humans. Boarding dogs are at the greatest risk. Therefore, we are **requiring** vaccinating all boarders.

I have read the influenza vaccine recommendation, but waive vaccinate my dog(s).

INITIAL PLEASE \_\_\_\_\_

When your pet(s) need vaccinating while boarding a complete physical examination may be done beforehand and this will be included on your invoice. INITIAL

PLEASE \_\_\_\_\_

Pickup Date \_\_\_\_\_ AM / PM

Dismissal Bath Yes / No

Has there been any coughing, sneezing, vomiting, or diarrhea? Yes / No

Is your pet allergic to anything that you are aware of? Yes / No

If so, please list: \_\_\_\_\_

Has your pet had any injury or illness in the past 30 days? Yes / No

If so, please explain: \_\_\_\_\_

Is your pet on any medications? Yes / No

If so, please list & give instructions: \_\_\_\_\_

Administration of meds may include additional charge... INITIAL PLEASE \_\_\_\_\_

Feeding Instructions: Own Food / Kennel Food \_\_\_\_\_ Cup(s) \_\_\_\_\_ x/day

Additional Instructions: \_\_\_\_\_

Please list any personal items (example: blankets, toys, etc): \_\_\_\_\_

We recommend a boarding **ward** for dogs under 30 lbs; boarding **run** for over 30 lbs.

Please circle boarding preference for dogs

Ward / Run

Please circle boarding preference for cats

Kitty Ward / Kitty Condo / Kitty Condo with Window

Please list names if boarding with other family pet(s): \_\_\_\_\_

(It will be at our discretion, and charged accordingly, if we have to separate pets boarding together)

Exercise Pavilion = Extra Playtime - \$9.45 for 20 minutes a day Yes / No

ANY MEDICAL SERVICES REQUESTED ARE AT AN ADDITIONAL CHARGE.

If fleas or ticks are discovered on pet(s), He/She will be treated appropriately for this.

### **OWNER RELEASE**

I understand you cannot guarantee the health of our pet(s). I understand and will not hold Lake Chatuge Animal Hospital 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.

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 me or my agent can be reached.

**Please INITIAL ONE OF THE BELOW OPTIONS you prefer in case any problems are observed:**

\_\_\_\_\_ Please diagnose and treat my pet as required, you need not call me.

\_\_\_\_\_ Perform only emergency and supportive services. Notify me for permission to begin any other diagnostics and/or treatment. Should a life threatening EMERGENCY arise, I authorize the medical staff to sedate my pet if necessary, and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified.

\_\_\_\_\_ Do not perform any diagnostic and/or treatment of any non-emergency development UNTIL I am notified and provide consent for you to evaluate and treat as necessary.

Only supportive, life-saving, emergency treatment is allowed, but **MUST BE DOCUMENTED**.

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

The animal hospital is to use all reasonable precautions against injury, escape, or death of my pet. The animal hospital 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 the full responsibility for the treatment expense incurred.

I understand that the clinic is not responsible for loss or damage to personal items left with my pet including but not limited to leashes, collars, toys, and bedding.

**I will call if my “pick-up date” changes so you can plan accordingly.** If I neglect to pickup my pet within 10 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 & Phone Number of responsible party to be reached in an emergency:**

\_\_\_\_\_