

# Boarding Admit

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Required Expenses to Owner:** Charges include 2 meals per day, 2 walks per day (dogs), climate control & security system. Capstar is given to each pet at admittance and discharge for 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.

_____ Fecal	_____ Ear Cleaning
_____ Pedicure	_____ Heartworm Test
_____ Express Anal Glands	_____ Feleuk/FIV/HW Test
_____ Playtime (x _____/day)	_____ Apply Advantage/Frontline
_____ Bath	_____ Pedi/Clean Ears/Express Anals glands
_____ Microchip	_____ Refill Medications _____

If I request a physical examination and a problem is found (such as an ear infection)

I **DO** \_\_\_\_\_ **DO NOT** \_\_\_\_\_ approve of medication 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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

There is a fee each day oral medications are given.

**If diarrhea develops pet will be treated at owner 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) 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: \_\_\_\_\_

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**Statement of Liability:**

For the health and protection of all boarding pets, vaccinations must be current with a licensed veterinarian. If no proof of vaccinations is provided, vaccines will be administered at owner's expense. All boarding pets must be current on their fecal examination. If the pet is not current, a fecal examination will be performed. If intestinal parasites are seen on the fecal examination, the pet will be treated at owner's expense. If any ticks are seen, the pet will be treated at owner expense. Any 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 \_\_\_\_\_