

Boarding Admission Form

Client Name: _____

Patient Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

Arrival Date: _____ Board Canine Feline Ward ID:

Depart Date: _____ Hosp ICU ISO

Sunday pickup time is 6:30pm only. Saturday pick up / check-in must be by 12:30pm.

****Special needs boarders such as Diabetics or pets that have supplements medications to be administered will be charged a medical boarding fee.**

****Please bring all medication in original pill vials. If bringing pill box include vials as well.**

Dogs: DHLP-P RABIES BORDATELLA

Cats: FVRC RABIES

Your pet is up to date on all boarding vaccination requirements.

Your pet is due for the following:

<input type="checkbox"/> Wellness Exam	<input type="checkbox"/> Bordetella	<input type="checkbox"/> FVRCP
<input type="checkbox"/> DHLP-P	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Feleuk
<input type="checkbox"/> Rabies	<input type="checkbox"/> Fecal	<input type="checkbox"/> Other

Belongings:

Services:

Bath Okay to Walk

Please Feed: Hospital Food Owner (kind/how much) Once Twice

My pet is not currently on any medication.

My pet receives the following medication(s):

Medication	Dose/Amount	Next Due

If my pet becomes ill while boarding, please provide the following care:

All diagnostics and treatment to be performed at the doctor's discretion.

Only supportive care to be administered until I or my emergency contact can be reached.

Emergency Number: Primary: Secondary:

Owner Signature: _____ Date: _____