



Patient Medical Background

Owners Name: _____ **Patients Name:** _____

Owners Phone Number _____ **Emergency Contact** _____

Emergency Phone Number _____ **or** _____

Check-In Timeframe and Date (approximate) * _____

Check- In is Monday through Friday during normal office hours. We are closed for lunch on weekdays 12-1pm. Saturday from 9am to 11am. We do not offer drop off on Sunday or holidays that we are closed. Boarding charges start the day of admittance, regardless of the time. Please admit your pet(s) at least 30 minutes to 1 hours prior to closing.

Check-Out Date and Timeframe * _____

Check-out is Monday through Friday during normal office hours. We are closed for lunch weekdays from 12-1pm. Saturday from 9am to 11am. We do not offer pick up on Sunday or holidays that we are closed.

Canine Vaccines and Tests

- DA2PP \$29.00 Bordetella \$29.00
- Bivalent \$25.50 Rabies \$26.00
- 4Dx \$58.50 Fecal \$57.50
- Adult Bloodwork (CBC,Chem25,UA) \$281.25

Feline Vaccines and Tests

- FVRCP \$25.50 Felv \$32.50
- Rabies \$32.50 Triple Test \$58.00
- Fecal \$57.50
- Adult Bloodwork (CBC,Chem25,UA) \$281.25

Has your pet ever had any reaction to vaccines in the past? If yes which vaccine* _____

For your pet's protection, in order to board your pet, his/her Rabies, DA2PP/FVRCP, Canine Influenza, Canine Bordetella vaccine, and an intestinal parasite screen must be current. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccines administered will require an examination fee and will be added to your bill. If your pet has been vaccinated at another facility, we require proof of vaccination before they are dropped off. All animals left without proof of vaccination will be vaccinated at the owner's expense. If pet is not current on vaccines 14 days prior to stay you will be required to sign a under vaccinated form.

Flea and Tick Treatment Consent *

Please read the following. Each pet will be flea and tick checked. If your pet has fleas or ticks, he/she will be given a one-time dose of Capstar (canine) and a monthly flea and tick treatment. **If we do not have an up-to-date doctor/client/patient relationship, a comprehensive physical examination will be performed and charged at the owner's expense.

What form of flea & tick control do you use? _____

When was it last applied? _____

Medical Services To Be Completed *

Please check any of the following desired Medical Services to be completed during your pet's stay.

- No additional medical services needed at this time
- Wellness Visit with a doctor (you will be called for your pets history, please be sure to mention any concerns or question you may have)
- Vaccination Initials or Boosters (Please note certain vaccines do have a doctor visit associated with them.)
- Other _____

Behavioral Questions *

Is your pet aggressive or fearful of humans/males/females?

Do they have any sensitives (activities, situations, sounds, or areas on their body)?

Has your pet ever bitten anyone or any other animal?

Is your pet food/toy/cage/animal aggressive or protective?

Is your pet a shredder? Ever eaten a toy, blanket, towel, etc?

Is your pet a climber/jumper/leaper?

What commands does your pet know?

- Sit
- Come
- Stay
- Lay down
- Off
- Other _____

Does your pet come when called?

- Yes
- No

What type of activity level best suits your pet:

- Relaxed
- Moderate
- High Energy

Feeding Instructions *

Pet Food *

Bring our own food (Personal)

In house Royal Canin Gastrointestinal Diet (Clinic)

Pet Food Instructions *

Select all that apply

Feed AM Feed PM Other _____

How much (exact measurements) are you feeding your pet at EACH feeding?

* _____

Treats?

List any allergies or reactions to food

Medications / Supplements *

Medications and Supplements need to be in the original, labeled packaging. There is a fee for administration of any medications while in boarding. *

Do you need any refills of medications while your pet is with us? *

Yes _____

No

While in boarding, will we be administering medications or supplements to your pet? *

No

Yes... (There is a fee associated)

Please list the medication/supplements, times of administrations, how you give the medication (in food, pilld ect.).

List any allergies or reactions to medications

Bathing Services *

Would you like your pet to get a bath while in boarding?

- Yes, Bath (\$16- \$50, depending on weight)
- Decline

Would you like your pet to get a nail trim while in boarding?

- Yes \$14.50
- Decline

Playtime Packages *

Playtime

Have your pet enjoy extra time with our team!

-1/day group play (\$8.60): Includes playtime with staff, toy playtime outside, treats, and body rubs!

-2/day group play (\$16.25): Includes playtime with staff, toy playtime outside, treats, and body rubs!

-1-on-1 (\$12.00): Includes one on one of playtime with staff, toy playtime outside of condo, treats, and body rubs!

Extra Playtimes are NOT provided on Saturday and Sunday.

*** At any time if your pet becomes stressed or shows signs of aggressive during playtime, group play will be stopped.

- Decline
- 1/day group play (\$9.89): qty _____
- 2/day group play (\$18.00): qty _____
- 1-on-1 (\$12.00): qty _____

Personal Belongings *

- Collar
- Leash
- Harness
- Bed
- Blanket
- Food
- Treats
- Toys

Other _____

Disclosure Information

Disclosure Acknowledgement *

Please read the following. This hospital is to use all reasonable precautions against injury, escape, or death of your pet and the hospital and staff will not be held liable for any problems that develop providing reasonable care, and precautions are followed. If medical treatment of your pet is needed, we will contact you via your contact information prior to treatment. I understand that any problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

I give the attending veterinarian permission to start medical treatment. In the event that the medical expenses exceed \$ _____. I request that Above and Beyond Pet Care Hospital contacts me before any further treatment is performed.

Resuscitation Order *

In case of a life-threatening emergency, do you authorize CPR and life-saving measures for your pet? CPR and life-saving measures could start at a minimum of \$250.00 to \$500.00. Please note that we are NOT a 24-hour veterinary facility and your pet is left unattended outside of normal office hours.

- CPR Order: Yes, PERFORM life saving measures for my pet
- DNR Order: No, DO NOT perform life saving measures for my pet.

Owner Release

Owner Release Acknowledgement *

Please read the following. You are 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 while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. I agree to make complete payment at the time of discharge. I understand this facility and pets will be unattended during evening hours and is not equipped with fire protection sprinkler system, but it is monitored 24 hours via alarm and fire system. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with Texas state law, and that doing so does not relieve me of my financial obligations. I have read the above and I am in full agreement.

By signing below, I certify all information is true and correct to the best of my knowledge.

Clients Signature _____ Date _____

Print Name _____

Staff Signature _____ Date _____

Print Name _____