



Boarding Admission

Animal Hospital of Signal Mountain

Owner: _____
Check-In _____ Check-Out _____

Pet Names: _____

To Help Us Provide The Best Possible Service For You And <Animal> Please Fill Out This Form Completely

Boarding: **Initial** _____

YES NO Did you bring toys or bedding? _____

YES NO Did you bring your own food? Instructions: _____

We feed all boarding animals Sensitive Stomach diets

YES NO Are you currently on heartworm and flea/tick preventative?

YES NO Any other medications? Name of Medication, how given and last time given: _____

Initial _____ *A daily fee applies for giving animals medication*

Relevant medical history in past 7 days? (seizures, sneezing, coughing, vomiting, or diarrhea)

YES NO Vomiting

YES NO Diarrhea

YES NO Drug Allergies

YES NO Coughing or Sneezing

Initial _____ *Vomiting and Diarrhea* can be fairly common occurrences during boarding. Our veterinarians reserve the right to examine and treat as necessary at the owner's expense.

If any other problem is observed or develops: (Please Check just one box):

Please treat my pet as required, you need not call me.

Perform only emergency/supportive care. Notify me for permission to begin any other treatment.

Grooming: ~ Please ask the Hotel & Spa desk attendant if you are interested in a grooming appointment during your stay. If an appointment is available, they will have you sign the grooming release form and speak with a member of our grooming department. **Yes/NO**

Signed _____

Date _____

Phone Number _____ Alternate Phone Number _____

Thank you for letting us care for your pet today!

