

St. Francis 24 Hr Animal Hospital

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

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Phone number(s) where you can be reached: \_\_\_\_\_

Emergency contact (if necessary this person will be able to make medical and financial decisions in the event you cannot be reached): \_\_\_\_\_

If multiple pets boarding: If possible, would you like your pets in the same kennel?  Yes  No

**Diet:**  Brought from home: \_\_\_\_\_

St. Francis to provide.  Special Diet needed: \_\_\_\_\_

**Proof of Exam and Vaccinations (due date): \*Required\***

Cats: FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ Exam \_\_\_\_\_

Dogs: DHLPPC \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_ Exam \_\_\_\_\_

**Personal belongings left:**  Carrier  Leash  Treats  Medications  Blanket

Toys  Other \_\_\_\_\_

*(we will not be responsible for lost or damaged personal items.)*

**Does your pet need** (please mark all that apply)  Fecal exam for intestinal parasites

Nail trim  Grooming  Frontline Applied  Other \_\_\_\_\_

**Are any medicines** necessary while boarding? \_\_\_\_\_ yes \_\_\_\_\_ no

Give names of any medications and the dosage to be given:

**Check One:**

Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

I authorize medical treatment up to \$ \_\_\_\_\_ until someone can be reached.

I do not authorize the medical treatment of my pet without contacting me first.

**REQUIREMENTS FOR BOARDING:**

1. All animals must have proof of current vaccines and annual exam.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.).  
Vaccines, exam and flea control, if not current, will be updated by SFAH and added to your bill.  
Boarding charges are for each calendar day that your pet is here.

**I have read the boarding requirements and understand the hospital's policies and boarding charges.**

Signed : \_\_\_\_\_