



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!

