

Admission Date \_\_\_\_\_

Intake initials \_\_\_\_\_

Release Date \_\_\_\_\_ AM/PM

BOARDING ADMISSION FORM

Pet's name \_\_\_\_\_ Client's name \_\_\_\_\_

Phone# \_\_\_\_\_ Emergency Number # \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Sex: MN/M/FS/F In heat: Y/N

**\*All pets must be up to date on vaccines in order to stay at our boarding facility.**

**Please Note: For the safety of your pet and others that are boarding with us, we require that all pets be current on their vaccinations, as well as, flea and tick prevention. For dogs, this is a current Rabies, Distemper/Parvo, Bordetella and fecal. For cats, this is a current FVRCP and Rabies.**

Any vomiting, coughing, sneezing or diarrhea? \_\_\_\_\_. If yes, exam required.

Is your pet allergic to any drugs? If so, what drugs? \_\_\_\_\_

Has your pet had any illness or injury in the past 30 days? \_\_\_\_\_

Is a blanket allowed in the kennel? \_\_\_\_\_

Is your pet on any medication?

Medication/dose

Route administration

How often administered

Medication/dose	Route administration	How often administered

Diet: Own food/ Hospital Food

Feeding instructions: \_\_\_\_\_

Belongings: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY DURING MY PET(S)'s STAY: please initial

Yes\_\_\_/No\_\_\_ If you cannot contact me or my authorized agent in the event of an emergency; please treat my pet(s) as needed and do any and all diagnostic tests, treatments and emergency surgery necessary for the well-being of my pet. (to include a mild sedative to relieve boarding stress) I accept full financial responsibility for all fees related to the treatment of my pet(s).

Client Signature: \_\_\_\_\_

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Office Use:

Services on whiteboard: Y/N

Services administered/documentated: \_\_\_\_\_

Date of bath: R/ BP \_\_\_\_\_