

GUEST REGISTRATION

Drop off: _____

Pick up: _____

Full Name: _____

Pet's Name: _____

Address: _____

Canine Feline Breed: _____ Color: _____ Sex: _____

Is your pet spayed or neutered? Yes No

Approximate weight: _____ Approximate age/date of birth: _____

BOARDING INSTRUCTIONS/SPECIAL NEEDS

Would you like your pet (for an additional fee) to have extra PLAY TIME OFF LEASH?

\$10 per session, weather permitting (Mon-Fri only): Yes _____ times/day No

Your Emergency Number: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Number: _____

Pet's belongings (carriers, toys, etc.): _____

If you are bringing multiple pets:

Can they board in the same kennel? Yes No Can they be fed together? Yes No

Does your pet display any of these behaviors?

- | | | |
|--|---|--|
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Escape Artist | <input type="checkbox"/> Eats non-food items (blankets, toys, etc) |
| <input type="checkbox"/> Digs | <input type="checkbox"/> Jumps Fences | <input type="checkbox"/> Fence Fighting |
| <input type="checkbox"/> Difficult in/out of carrier | <input type="checkbox"/> Biting/hissing/scratching towards either: <input type="checkbox"/> People <input type="checkbox"/> Other animals | |

Of the following, please select all which your pet does NOT like:

- | | | |
|---|---------------------------------|--|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | <input type="checkbox"/> Veterinarians |
| <input type="checkbox"/> Small wildlife | <input type="checkbox"/> Women | <input type="checkbox"/> Men |
| <input type="checkbox"/> Loud noises | <input type="checkbox"/> Storms | <input type="checkbox"/> Being alone |
| <input type="checkbox"/> None | | |

FEEDING

I feed my pet once daily (am or pm) _____ twice daily free choice canned dry mixed

Was my pet's diet brought from home? Yes No If yes, what kind? _____

How much food do you give your pet each time you feed them? _____

If your pet is not eating well, may we entice them with a gravy of wet food and water? Yes No

Please complete and email to ahvl.reception@gmail.com

MEDICAL INFORMATION

Are medications necessary while boarding? Yes No (There is a charge of \$11.00 per day)

List names of medications and the dosage to be given: _____

Has your pet experienced any of the following symptoms with the past week?

- Coughing Sneezing Vomiting Diarrhea

Has your pet been performing the following activities normally?

- Eating Yes No Drinking Yes No Urinating Yes No Defecating Yes No

Has your pet's activity level been normal? Yes No

Does your pet have any medical concerns that we should be aware of or you would like addressed? Yes No

SERVICES REQUESTED

- Bath Flea Treatment Nail Trim Exam Vaccinations
 Heartworm Test Stool Check Other _____

GENERAL BOARDING CONDITIONS and INFORMATION

In order to protect your pet, all guests will be examined at admission and external parasites will be treated. All guests must be current on vaccinations, including Bordetella and Canine Influenza for dogs. Proof of vaccination is required. Parasite treatments and overdue vaccines will be administered at the owner's expense.

May we post pictures of your pet on our social media pages? Yes No

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available should the need be. If your pet becomes ill, we will call the emergency number regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

- _____ Please perform whatever services the doctor deems necessary for the best care of my pet.
_____ I authorize up to \$_____ in medical care for my pet until someone can be reached.
_____ Do not administer any medical treatment until specific authorization is given.

I have read and understand the agreement. I fully intend to pick up my pet on the above specified date. If circumstances change, I will notify the office of a new pick-up date.

- _____ Boarders will only be released during normal business hours; no exceptions.
_____ We cannot be held responsible for belongings of monetary or sentimental value.

Signature: _____ Date: _____

Please complete and email to ahvl.reception@gmail.com