



**BOARDING ADMISSION FORM**

**Pet's Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Drop off Date:** \_\_\_\_\_ **Pick up date:** \_\_\_\_\_ **Approx Time:** \_\_\_\_\_ AM / PM

**VACCINATIONS:** "I understand that state law requires rabies vaccination for all pets. Records are required for all vaccinations at check-in. I also understand clinic policy requires:

Dogs: Rabies, Distemper / Parvo, Bordetella & Intestinal Parasite Screening

Cats: Rabies, Feline Distemper & Intestinal Parasite Screening

**Owner/ Agent Initials:** \_\_\_\_\_

Is <animal> on heartworm/ flea preventive? \_\_\_\_\_

Any vomiting, coughing, sneezing or diarrhea? \_\_\_\_\_

Is <animal> allergic to any drugs? What? \_\_\_\_\_

Has <animal> had any illness or injury in the past 30 days? \_\_\_\_\_

**FLEA EVIDENCE PRESENT:** Capstar Oral Flea Adulticide must be given at cost of owner.

CAPSTAR GIVEN AT ADMISSION \_\_\_\_\_

**FEEDING CHOICES:** Kennel cuisine is Science Diet Sensitive Stomach

Food provided by owner \_\_\_\_ Yes \_\_\_\_ No Type: \_\_\_\_\_

Feeding schedule: Amount \_\_\_\_\_ SID/ BID/ FREE

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

**BLANKET/BEDDING POLICY:**

If you allow your pet to have a blanket/bedding please understand that your pet will be unsupervised during the evening hours.

**Please check only one:**

\_\_\_\_ May have a blanket/bedding \_\_\_\_ May NOT have a blanket or bedding

**OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:**

**Dismissal Bath** YES NO  
\$15..... Free with seven day boarding

**Playtime** (Such as ball/toy or snuggles and hugs)  
\_\_\_\_\_ Times/Stay: \$10 per ½ hour a day

**Kong Treats**  
\_\_\_\_\_ Times/Stay: \$4 stuffed peanut butter kong Circle if Hypoallergenic needed

**E-mail updates with pictures of pet during stay**  
\_\_\_\_\_ Times/Stay e-mail address: \_\_\_\_\_  
\$5 per e-mail during stay (multiple pets can be done with one e-mail)

**Medication Administration:** See printed treatment sheet  
(There is an additional charge for daily medication administration.)

**MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:**

Physical Exam: See Drop off Form

Heartworm Test      Grooming (appt necessary) Other: \_\_\_\_\_

**OWNER RELEASE**

I understand you can not guarantee the health of <animal>. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

**MEDICAL ILLNESS POLICY:**

If <animal> becomes ill, we will call the emergency contact number listed below regarding your <animal>'s treatment options and an estimate of additional cost. If no one can be reached, please indicate your wishes below should <animal> require immediate medical attention.

**If any problem is observed or develops:**

**Please check only one:**

\_\_\_\_\_ Perform whatever services deemed necessary for the best care of <animal>. This includes necessary diagnostics and treatment.

\_\_\_\_\_ Keep <animal> stable and as comfortable as possible until you can reach me, and I can make the decision regarding treatment. I understand that until I am reached no procedures will be performed except those to keep my pet as comfortable as possible.

I understand that the clinic is not responsible for loss or damage to personal items left with <animal> including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of <animal>. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with <animal> will be treated as noted above and I assume full responsibility for the treatment expense incurred.

*If you neglect to pick up <animal> within 7 days of the original pick up date, and you do not contact Crest Hill Animal Hospital, we may assume that <animal> is abandoned. An additional charge of \$75.00, plus boarding fees will be assessed to your account. Crest Hill Animal Hospital is then authorized to contact animal control. Any changed due or incurred regarding <animal> are the obligation of the owner and must be paid before release of the pet.*

Date: \_\_\_\_\_

Owner / Agent: \_\_\_\_\_

Name & Phone Number of Responsible Party to be reached in an Emergency:

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Admitting Staff Initials: \_\_\_\_\_

**Special Notes And / Or Instructions:**