



## BOARDING ADMISSION

OWNER \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Pick-up:** \_\_\_\_\_ Is someone else picking up your pet? \_\_\_\_\_  
DATE APPROX. TIME \*(ALL PETS ARE DISCHARGED DURING NORMAL BUSINESS HOURS)

**PHONE #s WHERE WE CAN REACH YOU:**

(     ) \_\_\_\_\_ (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

Any **previous problems** while boarding? ☐ No ☐ Yes \_\_\_\_\_

Any **medications** to be given? ☐ No ☐ Yes \_\_\_\_\_

☐ Once / ☐ Twice daily – When was the last dose given? \_\_\_\_

**Special diet?** ☐ No ☐ Yes \_\_\_\_\_  
what how often

**Bath?** ☐ No ☐ Yes ☐ with FC / ☐ without FC Date: \_\_\_\_\_

**Nail trim** ☐ No ☐ Yes \* Please pick up **after 4pm** on day of bath

\* All boarding pets MUST be current on vaccines and free of parasites (fleas, ticks, etc.), or they will be treated upon entry at owner's expense.

**Name:** \_\_\_\_\_

<b>Canine vaccines:</b> <small>* all must be current to board</small>	<input type="checkbox"/> Rabies <input type="checkbox"/> DHLPP <input type="checkbox"/> Bordetella
<b>Feline vaccines:</b> <small>* Rabies/FVRCP must be current to board</small>	<input type="checkbox"/> Rabies <input type="checkbox"/> FVRCP <input type="checkbox"/> FELV
<b>Check stool for worms</b>	<input type="checkbox"/>
<b>Test: heartworm (dogs)</b>	<input type="checkbox"/>
<b>Test: FELV &amp; FIV (cats)</b>	<input type="checkbox"/>

<b>Other (please describe)</b>	
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I, the undersigned owner or authorized agent of admitted patient, authorize Kevin Fowler, D.V.M., and his designated associates and/or assistants, and/or staff, to administer such treatments and to perform such procedures considered therapeutically and/or diagnostically necessary for the care of said animal(s), including the administration of anesthesia.

I accept financial responsibility for the treatment of the patient(s) named, and I understand that payment in full is due upon the release of said patient(s) from the hospital or when service is terminated.

In case of illness or emergency, I grant permission for: **Sedation** \_\_\_\_\_ **X-Rays** \_\_\_\_\_ **Chems/CBC/UA** \_\_\_\_\_

**Signature of owner/agent:** \_\_\_\_\_

I.A.H. cannot be responsible for possessions left with boarding pets