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| Inman Park Animal Hospital |

**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:** |  |
|  |  |
| **Canine vaccines:**  \* all must be current to board |  Rabies   DHLPP  Bordetella |
| **Feline vaccines:**  \* Rabies/FVRCP must be current to board |  Rabies   FVRCP  FELV |
| **Check stool for worms** |  |
| **Test: heartworm** (dogs) |  |
| **Test: FELV & FIV** (cats) |  |
|  |  |
| **Other (please describe)** |  |

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