Boarding Admission Form

Client ID:
Client Name:
Address:

Phone Number: ( )
Cell Number: ( )

Patient
Patient Name:
Species:
Breed:
Age:
Weight:

Arrival Date:
Depart Date:

☐ Board ☐ Canine ☐ Feline Ward ID:
☐ Hosp ☐ ICU ☐ ISO

All pets must be free of external parasites (feals, ticks, etc.) or will be treated with a Capstar (a quick kill flea treatment) or Tactic (a quick kill tick treatment) at the owner's expense. All pets must also be current on the following vaccinations:

Dogs: DHLP-P RABIES BORDETELLA Cats: FVRC RABIES

☐ Your pet is up to date on all boarding vaccination requirements.

☐ Your pet is due for the following:

☐ Wellness Exam ☐ Bordetella ☐ FVRCP
☐ DHLP-P ☐ Heartworm Test ☐ Feleuk
☐ Rabies ☐ Fecal ☐ Other

Belongings
Services:

☐ Bath ☐ No Bath ☐ Groom Date to be groomed:

Please Feed: ☐ Hospital Food ☐ Owner (kind/how much) ☐ Once ☐ Twice

Excercise: ☐ Routine (Twice Daily) ☐ Add Play Time (10.00)

☐ My pet is not currently on any medication.

☐ My pet recieves the following medication(s):

Medication	Dose/Amount	Next Due

If my pet becomes ill while boarding, please provide the following care:

☐ All diagnostics and treatment to be performed at the doctor's discretion.

☐ Only supportive care to be administered until I or my emergency contact can be reached.

Emergency Number: ☐ Primary: ☐ Secondary:

Owner Signature: Date: