

Boarding Patient Admission Form**File #:**

(internal use)

(please print)

Patient Name:**Canine****Feline****Client Name:****Phone:****Designated Representative:****Phone:**

(emergency contact person)

*check out time is 10:00 AM

Admission Date:***Discharge Date:**

M T W Th F S Su

M T W Th F S Su

Canine Kennel:

Small

Medium

Large

Run

Feline Kennel:

Single

Double

We supply premium dry and canned food to our boarders; however, it is best to avoid diet changes that can lead to gastrointestinal upset, so you may provide your own food for your pet. Prescription diets must be supplied or purchased.

Please list any supplied food and feeding instructions: _____

All dogs are walked outside or given outdoor activity in our fenced exercise yard.

Please initial here if you prefer NOT to have your dog walked or if it is unsafe to do so: _____

We supply warm bedding, clean food and water bowls, cat litter, and litter pans. Please list any personal belongings you are leaving with your pet. We can not be responsible for damaged items left with your pet. All property should be clearly marked with your name.

Bedding: _____**Bowls:** _____**Toys:** _____**Chews:** _____**Collars / Leashes:** _____**Carrier:** _____

Please indicate any medications or special treatment your pet will require while boarding. There may be a charge associated with giving certain medications. If your pet has a chronic illness, it may be considered a high risk boarder, and you should consult the veterinarian before leaving your pet.

In case of an emergency, the staff of this Veterinary Hospital will make reasonable attempt to contact you or your designated representative. In the event you cannot be reached, you hereby give permission to the doctor and staff of this Veterinary Hospital to perform treatment as deemed necessary. You will be responsible for any emergency charges at time of discharge.

Signature: _____**Date:** _____