

Boarding Admission Form for Pine Street Animal Hospital

Owner Name : <first-name> <last-name>

Date: _____

Patient Name : <animal>

Pick up: _____ Time: _____

Account: <number>

In order to protect the health of your pet, this facility requires documentation of up to date vaccination. Dogs are required to have Rabies, DAP and Bordetella and cats are required to have Rabies and FRCP. If vaccinations are not current, it is required that we update. Vaccinations current? Y N

Procedures needed while boarding: _____

Current Medications/Dosages: _____

Diet: Own___ Kennel___

Feeding instructions: _____

Personal items may be left at your own risk. We are not responsible for loss or damage.

Personal items: _____

To prevent hospital/kennel infestation, all boarders will be treated prophylactically with Capstar upon admittance.

Current flea medication _____ date last given _____

If a problem is observed or develops while your pet is boarded:

____ Please do the necessary diagnostics and treat my pet as required, you need not call me.

____ Do Not perform any diagnostics and or treatment until I am notified.

NOTE: In the event of a life threatening **EMERGENCY**, should we be unable to reach you to make a decision in the care of your pet, we will do what is necessary to save your pet. In this event, you will be responsible for all charges for emergency services rendered to your pet.

I am the owner of the patient identified above and am 18 years of age or older. I understand that this facility cannot guarantee the health of my pet. I agree to hold this facility harmless for conditions that are unavoidable in boarding environments, including but not limited to: weight loss or gain, pet harm to self/destruction resulting in harm, kennel cough, diarrhea and skin conditions.

This facility will assume abandonment if your pet is not picked up within 5 days of the pick up date above. Failure to notify us by that date will leave us no choice but to contact the local animal control authorities. This could result in legal action against you for the crime of animal cruelty.

Owner signature _____ Date _____

Emergency contact number _____