

Boarding Consent Form

Admit Staff: SRI

Client: TEST TEST	Date: 11/5/2019
Client ID: 11509	Patient: AdultDog
Address: 1234 Street Place, Apr. 3G Durham, NC 27707	Patient ID: 700
Phone #: (919) 456-7890	Age: 11 Yrs. 9 Mos.
Species: Canine	Weight: 40 pounds
Patient Notes: cage aggressive muzzle prior to exam	Breed: Dachshund Mix

Arrival Date: Saturday, December 23, 2017

Departure Date: Saturday, December 23, 2017

Reservation Type: Runs (>25lbs)

Collar Size:

Sharing space with another pet? No Yes - Which pet? ___

Emergency Contact Number: 123-456-7890

Who will be picking up your pet? owner

<u>Patient Reminders (due dates)</u>	Services required for boarding are in bold .	
Intestinal Parasite Screen	2/1/2018	<i>Required for canine boarders only.</i>
Heartworm/Tick Disease Test 1 yr	2/1/2018	
Bordetella Vaccine 6 month Intranasal	3/1/2018	
Rabies Canine 3 Year Vaccine	2/1/2018	
Distemper/Parvo 3 Year Vaccine	2/1/2018	
Leptospira 1 Year Vaccine	3/1/2018	
Lyme 1 Year Vaccine	3/1/2018	
Canine: Rabies, Distemper/Parvo, Bordetella (within 6 months), negative fecal within 1 year		Feline: Rabies, FVRCP

Does your pet need to see a veterinarian? No Yes: ___

Feeding Instructions: _____	Last Ate: _____	<input type="checkbox"/> Kennel <input type="checkbox"/> Own Food
Food Allergies/ Restrictions: _____	Brand/Flavor of food: _____	Last Given: _____
Medications to Give: _____ <i>(Med Admin fees apply)</i>		
Belongings Left: _____		

Initials _____ A current veterinary-client-patient relationship is required in order to provide medical care or treatment. In order to maintain this relationship, we must have an annual exam with one of our veterinarians within the last calendar year. If your pet requires medical attention during its stay and we do not have a current annual exam on record, an examination will be performed and charges will be added to your account.

_____ All pets staying with us must be current on required vaccines and tests according to our standards; any needed services can be performed upon admission. Proof of current status must be provided the day of admission or the required service will be performed and charged to your account.

_____ Should injury or circumstance warrant the need for emergency services, we will attempt to contact you at the emergency number provided prior to treatment but will exercise the option to proceed as needed if you cannot be reached. By initialing, you agree to accept charges for emergency care.

_____ Pets found to have intestinal parasites or fleas will be treated with appropriate medications and the cost will be added to your account.

_____ In the event your pet will not eat the food you brought or the food regularly provided by this clinic for more than 24 hours, we will provide them with other diets, as directed by a veterinarian, to entice them to eat. Please advise us if your pet has any food intolerances or allergies. *Charges associated with supplemental feeding will be added to your invoice.*

_____ We cannot guarantee items left with your pet during boarding will be returned; please do not leave items that are not replaceable.

_____ There will be a \$25.00 per night *additional* charge if your pet stays beyond the departure date noted above, unless otherwise approved by the hospital. Please sign that you understand and accept responsibility for this charge.

Client Signature _____

By signing this form, I have reviewed and corrected any needed information above.