

Boarding Admission Form

Patient: _____ Breed: _____ Wt. _____ pounds

Name: _____ Emergency #: _____
2nd Phone #: _____

Date in: _____ Date out: _____ Approx. pick up time after 9am: _____

Is your pet on medication (circle one): Yes (see medication sheet) or No**Food:** Circle one: **Own Food** or **Kennel Food**. If brought own food, brand _____
AM amount: _____ PM amount: _____ or Graze
Special instructions _____**Has your pet been fed today?** Yes or No **Feed Separately?** Yes or No **Treats:** Yes or No**Baths:** Yes or No **Toe nail trim only** **Anal glands only** **Clean ears only****Groom:** Yes or No **Instructions:** _____**Vaccination or Service:**Exam _____ Rabies _____ DHLPP4 _____ DHPP(no lept) _____ FVRCP _____ HWT _____ Fecal _____
Bord _____ Dewormer _____ Flu Annual _____ Flu Intial _____ Proheart _____ Bloodwork _____
Roll Swabs _____ FIV _____ Urine _____ Other _____**If exam needed, please give questions and concerns for exam:** (what is going on, how long, and how bad is it)

Ear infections require ear swabs, and possible ear flush/ear medications. Vomiting +/-bloodwork+/-x-rays

Extra outings (extra fees apply-ask us about our options): **Yes or No****Can your pet have bedding:** Yes or No**Belongings and description:**

Collar: _____ Leash: _____ Carrier: _____

Blanket/Towel: _____ Bed: _____ Bag: _____

Food Container: _____ Toys/Other: _____

Things you feel we should know about your pet (i.e. not a fan of other dogs, only eats at night)_____

Hospital Policies:

1. All pets must be current on vaccinations and free of internal and external parasites.
Vaccinations included: Rabies, Distemper, Bordetella, Fecal, and Influenza
Parasites included: worms, ticks, and fleas
2. Payment in full is required on discharge date. If someone else will be picking up your pet then a Credit card or prepayment arrangement must be made.
3. An additional charge will be added for medicating pets while boarding
4. Any pet showing signs of illness must be kenneled alone and will be treated at owner's expense.
5. Failure to pick up by scheduled date could result in a double kennel charge based on availability. If I fail to pick up my pet after 5 days of the discharge date and do not contact GSAC, we may consider this pet as abandoned, and take any steps we feel necessary.
6. If a life threatening medical emergency should occur during your pets stay, I do hereby give consent to administer all medical treatments deemed necessary to stabilize and treat my pet. This includes non-elective treatments and diagnostics.
7. In the event that your pet(s) become ill we will call the emergency number (s) listed above regarding your pet's symptoms, treatment options and an estimate of addition charges. If no one can be reached, however, please indicate your wishes below should your pet need required treatment to relieve immediate discomfort.
8. During your pets stay, Green Summit Animal Clinic is not responsible for any possessions that might be lost or damaged. (ie: leads, collars, bedding, toys and food etc)
9. All medications must be in original containers with instructions. (Please do not put in baggies)

*****Please initial next to one of the below options*****

_____ 1) If a non-emergency treatment is needed during your pet(s) stay, I do hereby give consent to administer all medical treatments deemed necessary to make my pet comfortable.

_____ 2) I authorize up to (check one and indicate amount)

\$ _____ \$100 _____ \$200 _____

_____ 3) Do not administer any medical treatment until someone can be reached.

Signature _____ Date _____ Staff _____