

Boarding Admission Form

Check-In Date _____

Pick-up Date _____

(Regular office hours only)

Owner _____

Emergency Number(s) _____

Alternate Contact Name and Number _____

Name of Pet(s) Boarding _____

Pet's Belongings _____

If applicable, has pet had medications and/or a meal prior to check-in? _____

In our effort to make your pet's visit as pleasant as possible, please leave DETAILED instructions about any special care, diet and feeding instructions, medications and instructions, and/or requested services. (Ex: exam, grooming, nail trim, etc...)

When does your pet eat? AM PM

Due to the odor pets pick up while boarding, we offer bathing services. **Baths are given the morning of scheduled pick-up date. To allow time for your pet to dry, please pick-up after 2pm. This service is available for DOGS only.**

Boarding Bath- includes bath and blow dry only

Kennel Bath-includes bath, blow dry, brush, nail trim, ear cleaning

In order to keep our boarding kennel free of communicable and contagious diseases, the following vaccinations must be current:

Dogs – Distemper, Hepatitis, Parainfluenza, Parvo, Lepto, Corona, Rabies & Bordetella (every six months).

Cats – Distemper, Rhinotracheitis, Calicivirus, Chlamydia, Rabies & Bordetella.

If the above vaccinations are not current, or you are unable to provide a medical record for proof of vaccination, the vaccines will be given and charged accordingly.

All pets must be free of external parasites (fleas & ticks) when admitted or will be treated at the owner's expense.

Your pet will need the following vaccination(s) before boarding: _____

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available. Should the need arise, please indicate only **ONE** treatment preference below:

Please treat my pet as needed; you are not required to call me prior to treatment.

Perform only emergency and supportive care. Notify me for permission to begin any other treatment.

Do not perform any diagnostics and/or treatment until consent is given.

Academy East Veterinary Hospital is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that the hospital is not responsible for loss or damage to personal items left with the pet. I certify that I am the owner/agent for the pet(s) above and assume all financial responsibility.

DISCHARGES ARE DURING NORMAL BUSINESS HOURS ONLY

Signature