

Date:

BOARDING ADMISSION FORM

First Name: _____ Last Name _____ Pet's Name: _____

Home Phone: _____ **Cell Phone** _____

Proof of Vaccines: **YES** **NO** (CIRCLE ONE)

Is your pet on heartworm preventive? _____

Any vomiting, coughing, sneezing or diarrhea? _____

Is your pet allergic to any drugs? What? _____

Has your pet had any illness or injury in the past 30 days? _____

Is your pet on any medication? What? _____

Current Diet: _____

Special Feeding Instructions: _____

Pick Up Date: _____ **AM** **PM**

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

Extra Playtime (one session 15 minutes @ \$5.00) _____ Times/Day

Medication Administration (\$ 2.00) _____ Times/Day

After Hours pick up (\$20.00) _____ (initial)

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

Physical Exam **Specific Problem:** _____

Fecal Exam **Heartworm Test** **Other:** _____

OWNER RELEASE

I understand you can not guarantee the health of _____ I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

I understand that if there is evidence of fleas present, topical flea drops must be applied. There is a fee for this service. Pets staying 5 days or longer must receive a mandatory bath before going home. The charge for the bath is based upon the weight of the pet. I understand that all boarding fees must be paid in full when dropping off _____

I understand that in the event of _____'s illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my agent can be reached.

If any problem is observed or develops: (Please Initial Below)

- Please treat _____ as required, you need not call me.

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

- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate _____ and/or perform such emergency procedures as may be necessary for the health of _____ until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to _____.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

Mizner Park Veterinary Clinic is to use all reasonable precaution against injury, escape, or death of _____. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with _____ will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up _____ within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that _____ is abandoned and are authorized to contact the proper authorities for further action.

Date: _____ Owner / Agent: _____

Name & Phone Number of Responsible Party to be reached in an Emergency:

Admitting Technician Initials: _____