

Gentle Care Animal Hospital

Boarding Start Date:

Boarding Release Date:

BOARDING ADMISSION FORM

Contact _____

Client _____

Animal _____

Species _____

Age _____

Color _____

Emergency Contact #(s) _____

Who is at number? _____

Who is at number? _____

Record of current vaccines is required for boarding. If vaccines are not current, a physical exam, appropriate vaccinations and fecal testing will be done at the owner's expense.

Does <animal> need an exam while here? Yes ___ No ___

Does <animal> need a fecal done while here? Yes ___ No ___ Deworming? Yes ___ NO ___

Has <animal> had any vomiting, coughing, sneezing or diarrhea? Circle if yes, NO ___

Is <animal> allergic to any drugs? Yes ___ No ___ WHAT? _____

Is <animal> on any medication? Yes ___ No ___

If Yes, please list medications: (Please include heartworm and flea/tick prevention only if due for a dose while here boarding)

Name of Drug _____ Dose given _____ How Often given _____

Name of Drug _____ Dose given _____ How Often given _____

Name of Drug _____ Dose given _____ How Often given _____

Brand of food fed _____ How much? _____ How often _____

If you didn't bring <animal> regular diet with you, would you like us to go and buy some? We will charge your account for the food and a fee to go get it. Yes ___ No ___

Special feeding Instructions: _____

ODOR=will be bathed at owner's expense

ECTOPARASITE=will be flea bathed and topicals/orals applied at owner's expense

OPTIONAL SERVICE AVAILABLE AT ADDITIONAL CHARGE:

Dismissal Bath

YES

NO

Are there any other procedures to be performed on <animal> while here?

OWNER RELEASE

I understand you can not guarantee the health of <animal> 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.

If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by licensed veterinarian within 24 hours of notification to do so in the event <animal> should bite any person or other pet while on the clinic premise.

I understand that in the event of <animal> 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 I or my agent can be reached.

If any problem is observed or develops:

- Please treat <animal> 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 by the veterinarian.

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

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but no limited to leashes, collars, toys, and bedding.

Rest assured, our clinic will use all reasonable care and precaution against injury, escape, or death of <animal>. 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 <animal> 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 fail to notify Gentle Care of delayed early pick-up, I will be charged the early pick up fee as a result.

If I neglect to pick up <animal> within 3 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and/or necessary.

I have read and understand this boarding policy explaining boarding policy and regulations.

Date: _____ <Contact> <Client> _____