

PET MEDICAL CENTER AT APPLE TREE COVE



BOARDING ADMISSION FORM

Client Name: _____ Prepped by: _____

Pet(s) Name/Age: _____

Check-in Date: _____ Check-out Date: _____ AM / PM

Contact Number (while you are away): _____

Emergency Name/Phone Number (someone authorized to make decisions regarding your pets care):

1.) Vaccination Policy

_____ In order to board your pet, his/her vaccinations must be current. Canine pets require a DAPP, Rabies and Bordetella vaccination. Feline pets require a FVRCP and Rabies vaccination. If your pet does not receive his/her vaccines at this facility, you must show documentation that verifies vaccinations administered by a veterinarian. Due to the storage and administration requirements of many vaccines we will only be able to honor vaccinations administered by a veterinarian. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccinations administered at this facility will be charged accordingly.

Pet(s) Name: _____

Rabies vaccine – Date Due: _____

DAPP/FVRCP – Date Due: _____

Bordetella vaccine – Date Due _____

2.) Physical Examination Requirements

Because we are committed to preventive medicine, we believe that the most important component of your pet's health care is the semi-annual wellness exam. The wellness exam allows our doctors and staff to identify or prevent medical conditions in their early stages. All pets entering our boarding facility will need to have had a complete physical examination with one of our doctors within the last 6 months to ensure that no underlying medical conditions are present or could present during your pet's stay in our boarding facility. In addition, we ask for your help by providing us with information about how your pet is doing at home.

Date of last Exam: _____

3.) Feeding Instructions

Hospital Diet: _____ Own Food (please list brand): _____

Frequency: _____ Dry Canned Both

Special Instructions (Qty., etc.): _____

4.) Personal Belongings

We are happy to provide your pet(s) with blankets. If you wish to bring items from home please **LABEL THEM CLEARLY** with permanent ink. Please list all items being left with your pet including a description of that item:

5.) Medications

Medications that need to be administered to your pet need to be brought to us in the **original container** they were prescribed in. There are additional charges for the administration of medication or necessary treatments. They range from **\$4.90 to \$13.90**, depending on the frequency of administration. Please provide instructions for each medication that you would like our staff to administer *including pet's name, medication, and frequency of administration:*

NAME/AMOUNT OF MEDICATION

FREQUENCY

NAME/AMOUNT OF MEDICATION

FREQUENCY

6.) Grooming – Date of Service _____

Full service grooming services are available for your pet during their stay. Please indicate below any services you would like performed.

Bath & Brush

Bath & Tidy

Full Service Groom

Shed-Out

7.) Dog Walking – Off Site

Little Whiskers Dog Walking service will come and take your dog(s) off-site for a 30 minute walk. Walks are performed once a day between the hours of 10:00 AM and 2:00 PM seven days a week. This is offered in addition to the regular outdoor breaks offered.

Yes, I would like Little Whiskers to take my pet for off-site dog walks. **Frequency:** _____

No, the regular outdoor breaks are suitable for my pet.

8.) Additional Services

Examination for: _____ Vaccines for: _____

Prescription Refill (pet's name and medication): _____

Fecal Analysis/Deworming

Nail Trim

Flea Treatment

Microchip

Statement of Hospital Boarding Policy

- A full day's boarding is charged for the first **and** last days, no matter what time the pet is admitted or released.
- Pet's must be picked up between 8:00 AM and closing. Discharges after hours are not allowed.
- Personal items may be left at your own risk. We are not responsible for loss or damage.
- Pet Medical Center strives to maintain a flea-free environment. If your pet arrives with evidence of fleas we will administer a flea treatment and your account will be charged accordingly.
- Pet Medical Center cannot guarantee the health of any animal, but pledge to give appropriate care to all boarded pets. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
- Should the pet(s) identified on this record become ill, I request that Pet Medical Center provide all medical surgical treatment deemed necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at Pet Medical Center may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the emergency contact) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.
- I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days.

I have read the above and I am in full agreement.

STAFF INITIALS

SIGNATURE OF OWNER OR OWNER'S REPRESENTATIVE

DATE