Admitting Receptionist	Primary Doctor	Admitting Tech	
GRIFFITH SMALL ANIMAL HOSPITAL - Boarding Form  Owner's Name  Admission Date			
Pet's Name	Release D	Date	
Contact #	Scheduled	d By	
Rabies DHP-P  FVR-CP Feleuk V  Pet Registry SPW  Examination – Wellness with / with  Vaccines due? Y/N? Services	Titers-D&P	Heartworm Occult  Fecal  Currently taking HW Preventative? Y/N?	
All pets entering our boarding facility must have been vaccinated against all contagious diseases and be free from parasites (hookworms, fleas, ticks, etc.) or they will be treated upon entry or discovery at the owner's expense.			
Kennel Bath Y/N? Date to be performed Toe nail trim Capstar Scheduled			
***FEEDING INSTRUCTIONS***			
Bringing food? Y/N?  If yes, what kind and how often?  1. Kind Amount Measurement Frequency  Additional Instructions:  When should we feed your pet next?			
Medication	How often do we give it?	Time last given?	
If the medication runs out durin	g your pet's stay, may we refill it?	Y/N?	
I understand that if my pet needs medication or stimulus to feed while here, I am responsible for the following that apply:  1-2 Meds \$3.00 per day Nursing Care – \$5.00 to \$15.00 per day Special Diet \$4.50 - \$6.75 Initial			
Your pet's well being is our utmost concern. We will do everything in our best judgment to see that your pet is well cared for and kept in a clean and dry environment.			
Boarding can be a stressful time for your pet. As an example, some pets develop diarrhea due to change of environment or diet. If this occurs we will provide appropriate medical care and the additional fees will be applied to your account.  **Please initial one option below**			
Please treat my pet for diarrhea, you do not need to contact me.			
Please contact me prior to any procedures/treatment for diarrhea.			
In the event of a health concern and/or emergency the staff of Griffith Small Animal Hospital will make every effort to get in touch with you or your designated emergency contact prior to any procedure(s) being performed; but treatment for a life threatening emergency will not be withheld if contact is not made. In the event you cannot be reached:  **Please initial one option below**			
I authorize Griffith Small Animal	I Hospital to do whatever is necessary, I und	derstand that I am responsible for any additional	
charges incurred.		•	
I authorize necessary procedure	es/expenses up to \$ beyond	standard boarding charges.	
Please do not render any treatn	ment to my pet until I can be reached.		
Signature :		Date	
District States and Dec. 20, 50	For Office Use Only	DUN	
List items brought with Pet:		Cage RUN  Board with	
Other:		Pate Scheduled	

## **GRIFFITH SMALL ANIMAL HOSPITAL**

3407 Northland Drive Austin, TX 78731 512-453-5828

DATES OF STAY: to	<del></del>
BOARDING REPORT CARD FOR:	
	ties noted by the kennel staff are immediately reported to a
doctor or technician for further evaluate Appetite:	tion.
( ) Your pet ate and drank normally du ( ) Your pet did not eat or drink normal	
Elimination:	
<ul><li>( ) Your pet had normal stools and urir</li><li>( ) Your pet had abnormal stools or uri</li></ul>	
Medication:	
<ul> <li>( ) No medications were given during y</li> <li>( ) Your pet took all of his/her medicati</li> <li>( ) We gave your pet additional medication</li> <li>Date(s): Medication</li> </ul>	ons with no problems.
Other Comments:	