BOARDING ADMISSION FORM

Owner's Name :_____Date :_____
Animal's
Name:_____Breed_____Age___Sex____Color_____

Pet History

Vaccination History:	**Cats** Current	Update Today	**Dogs** Current	Update Today
	Rabies		**Rabies**	
	FVRCP		**DHLPP**	
	LEUK		Corona	
	FIV		Lyme	
	FIP		**Bordetella**	
	Bordetella			

Should your pet develop diarrhea during their stay a fecal and treatment is required please mark for permission. _____

***Heartworm Prevention** Yes_____date given
No_____**-Fecal required !**

*Drug Allergies: _____

*Prudent Medical History: _____
_____

*Current Medications to be Administered during stay-at an additional charge:
_____

*Feeding Instructions:_____

*Items brought by my parents for me during my stay: _____
_____

ADDITIONAL SERVICES AVAILABLE FOR YOUR LITTLE ONE:

***Dismissal Day of Beauty** (includes a bath, nail trim, ear cleaning, anal gland expression, and a full brushing after dryer time)_____

***Dental Prophy/Cleaning**_____

***Heartworm Test**_____ **Fecal Analysis**_____

***Other Services Requested by owner:** _____

OWNER RELEASE FORM

Welcome to Keystone Animal Hospital. We are happy to provide complete boarding care for your pet(s). All boarding animals are expected to be current on all required vaccines. Proof of this must be provided to us at time of check-in or pet(s) will be vaccinated here at owner's expense.

In order for our facility to maintain as flea-free an environment as possible, all pet(s) are required to have a CapStar treatment ($6.75) administered immediately upon check-in. A clear fecal sample is required within 6 months of boarding.

As a veterinary hospital, we feel obligated to treat any pet if a medical condition was to arise while boarding. In the event of illness, the staff will immediately attempt to contact you or your designated agent to discuss the problem and treatment options. If you or your agent is not available, you understand that the hospital will initiate appropriate treatment until you or your agent can be reached.

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

The Hospital will use all reasonable precautions against injury, escape, or death of your pet. The Hospital 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 my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call as soon as I'm aware if my Pick-Up date changes. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, Keystone Animal Hospital will assume that your animal is abandoned and is hereby authorized to dispose of your pet as deemed necessary.

☺WE DO NOT DISCHARGE ANY BOARDING CLIENTS ON SUNDAYS

DO Date_____ PU Date/Time_____
Owner/Agent_____Date_____
Name and Phone Number of Responsible Party to be reached in an Emergency.

_____

_____

SPECIAL NOTES AND/OR INSTRUCTIONS: