

BOARDING ADMISSION FORM

Owner's Name: _____ Today's Date: _____ Date of Pick Up: _____ Time of Pick Up: _____ AM _____ PM

Pet's Name: _____ Breed: _____ Age: _____ Sex: _____ Color: _____ Weight: _____

We recommend a bath on the day of pick up to freshen your pet before returning home. A drop of mineral oil will be placed in the eyes prior to bathing; therefore, a slight oily appearance around the eyes may be observed. Please check below if you would like your pet to have a bath on the morning of pick up. Pets that have baths should be dry for pick up between 3 and 6:30 PM. Professional Grooms are available on an appointment basis.

Bath ☐ Deep Conditioning Rinse ☐ Bath/Dip ☐ Nail Trim/Grind ☐ Deshedding _____ min ☐ Express Anal Sacs ☐
Would you like 30 day flea prevention (Frontline) applied following the bath? Yes _____ No _____

Medications Brought: 1. _____ 2. _____ 3. _____ 4. _____

Medication directions _____

Any pet on medication will be charged a \$3.00 medication fee per day.

Detailed description of Items leaving with pet: _____
Seventy First Animal Hospital does not guarantee the return and/or the condition of items that are left with your pet during their stay with us.

If you choose to bring your own food, we ask that you place it in a plastic airtight container with your name on the lid, and the amount of food that you feed twice daily.

Vaccination Policy: Vaccines and an intestinal parasite exam must be current on all patients being admitted for boarding. If not current, they will be administered at the owner's expense. Vaccine records must be brought prior to or at the time of dropping off pet for boarding.
Required vaccines- For dogs: RABIES, DISTEMPER/PARVO, INTESTINAL PARASITE EXAM and a 6-month BORDETELLA. For cats: RABIES, FVRCP (DISTEMPER), INTESTINAL PARASITE EXAM and BORDETELLA. For pets requiring vaccinations, a Wellness Physical Exam will also be performed by the veterinarian and will be charged for.

Permission for other services while boarding: (please check)

- | | | |
|---|---|--|
| <input type="checkbox"/> Examination/Well Check | <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Adult/ Senior Blood Testing |
| <input type="checkbox"/> Intestinal Parasite Exam | <input type="checkbox"/> Microchip ID | <input type="checkbox"/> Surgery/Dentistry |
| <input type="checkbox"/> Vaccination _____ | | <input type="checkbox"/> Pet cots- Additional \$5.00 per night |
| <input type="checkbox"/> Other _____ | | |

Special Instructions (Include anything you may wish the doctor to check and/or treat for you): _____

History:

Is your pet currently on any flea and tick prevention?	YES _____	NO _____	Which one? _____
Is your pet currently on any heartworm prevention?	YES _____	NO _____	Which one? _____
Has your pet been spayed or neutered?	YES _____	NO _____	
Has your pet had any illness within the past 30 days?	YES _____	NO _____	Please Explain: _____
Is your dog "dog aggressive"?	YES _____	NO _____	
Is your pet "people aggressive"?	YES _____	NO _____	

Owner Release:

You are to use all reasonable precautions against injury, escape or death of my pet. I understand that you CAN NOT guarantee the health of my pet. 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, and diarrhea. The clinic and staff will not be held liable for any problems that do develop provided reasonable care and precautions are followed. **I understand ALL pets admitted to the clinic must be protected against contagious diseases and free of internal and external parasites or will be treated at the owner/agent's expense.** I understand that in the event of my pet's illness, the staff will immediately attempt to contact my agent or me to discuss the problem and treatment options. **If unable to contact me immediately, the staff is authorized to initiate appropriate treatment until my agent or I can be reached.** I assume full responsibility and agree to pay in full for lodging, veterinary services, and any other expense incurred while my pet is boarded. I verify that I have read and fully understand and agree with the terms of this agreement.

OWNER/AGENT SIGNATURE _____ EMERGENCY PHONE #: _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY: _____ PHONE #: _____