

Reception: _____
 Kennel: _____
 Technician: _____

BOARDING ADMISSION FORM

COUNTRYSIDE ANIMAL HOSPITAL

Owner's Name: _____ Account #: _____
 Entry Date: _____ Pick-Up Date: _____ Day: _____ Approx Pick-Up Time: _____
 Pet's Name: _____ Breed: _____ Sex: _____ Color: _____
 Will the Owner Bring Pets Food: Yes No Dry Food Canned Food Mixed Food How much? _____
 Is the Pet on Flea Preventative: Yes No

VACCINE HISTORY:

<u>CATS:</u>	Current	Update Today	<u>DOGS:</u>	Current	Update Today
PRCC:	_____	_____	DHPP/DHLPP:	_____	_____
FeLeuk:	_____	_____	Bordetella:	_____	_____
Rabies:	_____	_____	Rabies:	_____	_____

SEE DOCTOR FOR:

Which Doctor: _____ *Optional Services at Additional Charges:*
 Re-Check: _____ Groom _____
 Check Eyes: _____ Complete Bath _____
 Check Skin: _____
 Check Ears: _____
 Other: _____

ALL pets must be current on their vaccinations.

Pet's Weight: _____
 Is the pet on heartworm Preventative: Yes No Which Product: _____ Last Given: _____
 Is the pet on flea Preventative: Yes No Which Product: _____ Last Given: _____
 Flea Evidence Present: Yes No Product Applied: Type: _____ By: _____
 Capstar Given: Yes No By: _____

FOR NEW CLIENTS: WE REQUIRE A 50% DEPOSIT, DUE IN ADVANCE, OF THE LENGTH OF YOUR PET(S) STAY
 I understand you CANNOT 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, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand ALL pets admitted to the clinic must be protected against contagious diseases and must be free from internal and external parasites (i.e. fleas, ticks) 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 a licensed veterinarian within 24 hrs of notification to do so in the event my pet should bite any person or other pet while on the clinic premises. I understand the clinic is not responsible for loss or damage to personal items left with the pet such as leashes, collars, toys, bedding. I will call if my Pick-Up Date changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the scheduled discharge date, and do not notify you within that time period, we may assume that the pet is abandoned.

If any problem is observed or developed, Countryside Animal Hospital will treat your pet as necessary.
 DO NOT notify me before providing medical treatment for my pet.
 Please NOTIFY me before providing medical treatment for my pet.

OWNER/AGENT: _____ DATE: _____

EMERGENCY CONTACT (NAME, PHONE NUMBER): _____
 Medications: _____ Medications: _____ Medications: _____
 Directions: _____ Directions: _____ Directions: _____
 Is this following Rx label: _____ Is this following Rx label: _____ Is this following Rx label: _____
 Given before drop-off: am pm (circle) Given before drop-off: am pm (circle) Given before drop-off: am pm (circle)

BELONGINGS: