

Boarding Admission Form

Pet's Name _____ Last Name _____ Account # _____

Contact Phone Number _____ Contact Name _____

Veterinarian: BB / JB / TM Admission ___/___/___ Discharge ___/___/___

Articles left with pet: *Kruger Animal Hospital is not responsible for any personal belongings left*

Supplements/Medications? (\$3/night -- \$5/night for Insulin Administration) Please list each by name:

Food Instructions: *pets typically fed around 7 am and 4 pm unless otherwise specified*

Special Instructions or Requests: (extra exercise \$2/night, special handling of aggressive pets/quarantine \$5/night)

REQUIREMENTS FOR BOARDING - For your pet's protection, ALL vaccines and a fecal test must be current. Your pet must be free of internal and external parasites. If not, treatment will be done at your expense.

DOGS:

- Rabies vaccine – 1 or 3 year vaccine
- Distemper/Parvo vaccine – within the last year
- Influenza vaccine (H3N2) – within the last year
- Bordetella vaccine – within the last 6 months
- Fecal test – within the last year with a negative result

CATS:

- Rabies vaccine – 1 or 3 year vaccine
- FVRCP – within the last year
- Fecal test – within the last year with a negative result

SERVICES TO BE COMPLETED WHILE HERE: Anything your pet is coming due for or is overdue for is HIGHLIGHTED, anything that we have verification to complete while here must be CIRCLED and then initialed in appropriate space.

Exam: Yearly MPE Other: _____

Vaccines: **(CANINE)** RV1 RV3 DA2PP BV H3N2 H3N8 LEPTO LYME Client Initial ____

(FELINE) RV1 RV3 FVRCP FELV Client Initial ____

Testing: Fecal Urinalysis Bloodwork (_____) Other (_____) Client Initial ____

Bathing/Grooming: BATH/NT NT AG CBN ___/___/___ Client Initial ____

Surgery: _____ on M T W T F ___/___/___ Client Initial ____

I, the undersigned, understand the above information and agree to all treatments/services agreed upon to keep my pet healthy and protected while boarding at Kruger Animal Hospital. Any additional treatments not discussed at drop off must be verified with me prior to performing said services; I can be reached at the contact listed.

Signature _____ Date ___/___/___ CSR Initials _____