

# BOARDING ADMISSION FORM

Petworks Veterinary Hospital

Vaccinations required within the past 12 months:

**Dogs:** \*Rabies \*DA2PP \*Bordetella (Kennel Cough)

**Cats:** \*Rabies \*FVRCP

All pets are required to be flea and tick free.

All pets must have had a negative fecal check during the past 12 months. If you have not brought verification or we can't confirm current vaccine status, we will vaccinate your pet accordingly.

❖ Should any parasites be found, the appropriate treatment will be performed.

**Pet's Name:** \_\_\_\_\_ **Owner Last Name:** \_\_\_\_\_ **Owner First Name:** \_\_\_\_\_

**Boarding Dates:** \_\_\_\_\_ **Drop Off:** \_\_\_\_\_ **Pick Up:** \_\_\_\_\_ **AM or PM**

**Doggy Day Care:** Do you want your pet to play in day care? **YES**  **NO**

**FEEDING:**

\_\_\_\_\_ **CUPS** \_\_\_\_\_ **Per day** **Did you bring your own food?** **YES**  **NO**

(Quantity)

If yes, what kind do you feed?: \_\_\_\_\_

**MEDICATIONS:**

Name of Med(s)	Dosage	How often

**Any Special Instructions:** \_\_\_\_\_

If you have more than one pet, would you prefer to have them kenneled together?  **YES**  **NO**

If yes, the client understands and assumes all responsibility for the possible risks associated with multiple animals who are boarded in the same kennel. **INITIALS**

**Belongings:** Collar: \_\_\_\_\_ Leash: \_\_\_\_\_ Towel/Blanket: \_\_\_\_\_

Carrier: \_\_\_\_\_ Toy(s): \_\_\_\_\_ Other: \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

On occasion, a pet may become ill while boarding. The most common ailments are diarrhea, vomiting and lack of appetite. Do we have permission to treat these ailments for your pet? **YES**  **NO**

If a serious emergency medical condition arises while your pet is boarding with us, we will do our best to contact you at the number(s) provided. However, in the event we are unable to contact you, do we have permission to treat your pet?

**YES**  **NO**  If yes, is there a financial limit you would like to place on that treatment? \$ \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Staff Initials: \_\_\_\_\_