

BOARDING ADMISSION FORM

Owner's Name _____ Date _____
Pet's Name (s) _____

Vaccine History

Cats			Dogs		
Current		Update	Current		Update
<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>
<input type="checkbox"/>	Fvrcp	<input type="checkbox"/>	<input type="checkbox"/>	Dhlpp/Dhpp	<input type="checkbox"/>
<input type="checkbox"/>	Fecal	<input type="checkbox"/>	<input type="checkbox"/>	Heartworm Check	<input type="checkbox"/>
<input type="checkbox"/>	Felv	<input type="checkbox"/>	<input type="checkbox"/>	Fecal	<input type="checkbox"/>
<input type="checkbox"/>	Fiv	<input type="checkbox"/>	<input type="checkbox"/>	Bordetella	<input type="checkbox"/>
			<input type="checkbox"/>	Bi-Valent Influenza	<input type="checkbox"/>

Check-In

Yes No

Is your pet on heartworm prevention? Name of heartworm preventive: _____
Is your pet on flea control? Name of flea control: _____

*****All patients admitted to Senoia Animal Hospital and Pet Resort will be given a Capstar for the treatment of fleas at the time of check-in. This is required and is done at the owner's expense.**

Any problems/issues we need to be made aware of? _____

PICK UP DATE: _____

DISMISSAL BATH YES NO **** There is an additional fee****

***** ALL PATIENTS MUST BE PICKED UP BY 1:00PM MONDAY-FRIDAY AND 12:00 NOON ON SATURDAYS. IF PATIENT IS PICKED UP LATER THAN THE DESIGNATED TIME, CLIENT WILL BE CHARGED FOR AN ADDITIONAL DAY OF BOARDING!!!**

Current Diet: _____

Special Feeding Instructions: _____

Medications to be administered: _____

Items Brought: _____

Owner Release

I understand Senoia Animal Hospital **CANNOT** guarantee the health of my pet. I understand and will not hold the hospital responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand ALL pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense. If vaccinations were performed elsewhere, I must/can provide written documentation of the vaccination(s) administered by a licensed veterinarian before or at time of check-in.

- I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options. In the event of an emergency, if you are unable to contact me immediately, Senoia Animal Hospital is authorized to initiate appropriate treatment until I or my agent can be reached. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

If any non-emergency problem is observed or develops:

- Please treat my pet as required, you need not call me for permission.
- Do NOT perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

***** If my pet experiences diarrhea while boarding, I understand that, for the health of all patients at Senoia Animal Hospital, the clinic will perform an intestinal parasite test and begin treatment upon onset.**

- I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.
- Senoia Animal Hospital & Pet Resort is a SOCIAL BOARDING ENVIRONMENT. I understand that all reasonable precaution will be taken against injury, escape, or death of my pet. The clinic 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.
- 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 date scheduled for discharge, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Date _____ Owner/Agent Signature _____

Owner/Agent Phone Number _____

Name and Phone Number of Responsible Party to be Reached in case of an Emergency:
