

Emp. Initials: ____ / ____

BOARDING ADMISSION FORM

Pet's Name: _____ Age: _____ Weight: _____

Client's Name: _____ Check In: _____ Check Out: _____ Pick up Time: _____

Client phone number: _____ Communication preference: Call / Text / Email

Emergency Contact #1: _____ Emergency Contact #2: _____

Items brought with pet: _____

Feeding Instructions: Type: _____ Amount: _____ SID BID TID

Services requested: _____

If YES, tech must fill out history in exam form.

**Additional fees will apply*

*Annual due Y / N <i>If YES, tech must fill out history in exam form.</i>		
*Vaccines due Y / N <i>If Yes circle those due:</i>	<u>Canine Vaccines</u> Rabies 1yr / 3yr DHPP 1yr / 3yr Bordatella Lepto <i>(not required for boarding)</i> Influenza <i>(not required for boarding)</i>	<u>Feline Vaccines</u> Feline Rabies FVRCP FeLV
*Bath Y / N	Comp. Nail Trim (ONLY with bath) Y / N	
*Nail Trim Only Y / N	*EAG Y / N	

Is your pet on HW prevention? Y / N Which kind? _____

Is your pet on flea medication? Y / N Which kind? _____

If evidence of fleas/ticks or parasites are present, prevention must be administered at owner's expense to prevent spread/infestation to other pets.

Does your pet have any food allergies? If Yes, please specify: _____

Will we be giving any medications? Y / N If Yes fill out medication sheet

All medications and supplements must be in original packaging with prescription label. Unlabeled medications are subject to being refilled from clinic pharmacy at your expense.

Does this pet have a recent or ongoing medical issue? Y / N If Yes please explain: _____

Is this pet a High Risk / Group Boarder? Y / N High risk condition: _____

Has High Risk Boarding or Group Boarding Form been signed this year? Y / N Approved By: _____

If not, please read and sign boarding terms and risks.

I have read and understand the True Companion Animal Hospital boarding information sheet. In case of illness or injury, I, the undersigned do hereby give my authorization and consent for the doctor at this clinic to examine, treat or prescribe for my pet(s) while they are being boarded including sedation if necessary.

Client signature: _____

Date: _____