

BAYSHORE VETERINARY HOSPITAL MEDICAL BOARDING ADMISSION FORM

Pet Name: _____ Client # _____ Admitted by: _____

Arrival Date: _____ Departure Date: _____ Rate: _____

Note: On date of departure please call ahead with approx. pick up time to facilitate speedy release. Boarders staying more than 5 days receive a complimentary bath prior to departure.

Client Information: Primary Contact Name: _____

Phone: _____ E-mail: _____

Secondary Contact Name: _____ Phone: _____

E-Mail _____

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR ANNUAL HEALTHY EXAM, VACCINATIONS, MUST BE FREE OF PARASITES AND ON CURRENT FLEA AND TICK PREVENTIVE. PROOF OF VACCINATION MUST BE PROVIDED OR VACCINATIONS WILL BE ADMINISTERED BY ONE OF OUR STAFF AT THE OWNERS EXPENSE.

Dog Vaccinations Required: DHPP(Distemper), Rabies, Bordetella

Cat Vaccinations Required: FVRCP(Distemper), Rabies

Are you using Flea/Tick preventative? Y/ N Date of last application: _____

Any Animal found to have fleas or ticks will be treated at the owners expense.

List all Medications, Vitamins, Supplements Your Pet Takes:

(1) _____ dosage: _____ frequency: _____ given today: _____

(2) _____ dosage: _____ frequency: _____ given today: _____

(3) _____ dosage: _____ frequency: _____ given today: _____

Feeding Schedule:

Wet: _____ **Dry:** _____ **Misc:** _____

Amount/ Frequency of Feeding: _____

Food Given Today: _____

Owner Provided Food: Y/N If needed the hospital will provide Science Diet Dry Food Free of Charge. If prescription food is needed it will be at the owners expense.

Accessories: _____

***Please be aware we cannot be responsible for items damaged or lost during your pet's stay**

THINGS WE NEED TO KNOW (Fears, Stressors, Behavior Issues, Allergies etc..)

If your pet becomes ill or injured while boarding at BVH, every effort will be made to reach you through the emergency contact information you provided. If you cannot be reached in a timely manner, your pet will be treated at the discretion of our medical staff. All expenses incurred for this treatment will be your responsibility.

OWNER/REPRESENTATIVE SIGNATURE: _____ **DATE:** _____

Printed: _____