

Dreaming Summit Animal Hospital
"Where Pets are Treated Like Family"



BOARDING ADMISSION FORM

Date:

Clients Name:

Pets Name:

Street Address:

Pets Color:

City:

State:

Zip Code:

Sex:

Breed:

Age:

Pet History:

VACCINATIONS: All pets are required to be current on vaccinations prior to being admitted to the boarding facility. For dogs, these vaccinations include: Distemper/Parvo, Bordatella, and Rabies vaccinations. For cats Feline Distemper vaccine must be current.

FLEAS AND TICK MEDICATION: All patients admitted into the boarding facility will be treated with an anti-flea and tick medication on admittance for an addition fee per pet.

OWNER/AGENT INITIAL: _____

Is your pet on heartworm preventive? _____

Has your pet been checked for intestinal parasites in the last 6 months? _____

Any vomiting, coughing, sneezing or diarrhea? _____

Is your pet allergic to any drugs? ___ What? _____

Has your pet had any illness or injury in the past 30 days? _____

is your pet on any medication? _____ What? _____

Dosage _____

Current Diet: _____

Special Feeding Instructions: _____ AM ___ PM ___ Both ___

Pick up Date for your pet _____ AM or PM? (Please Circle)

Emergency Phone Number _____

OWNER RELEASE

I understand that you can not guarantee the health of my pet, and I will not hold the clinic 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 disease 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 can provide written documentation of vaccination. If proof cannot be provided, vaccinations will be performed on admittance at the owners expense. All patients will be treated with a topical tick and flea medication for and additional fee.

I understand that in the event of my pets illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached. I understand that this is **not a 24 hour facility and that the staff is not on the premises 24 hours a day.**

If any problem is observed or develops:(please circle)

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

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. All attempts will be made to retain personal belongings.

The clinic is to use all reasonable precaution 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 problems that develop with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

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 animal is abandoned and are hereby authorized to dispose of my pet as you deem best and necessary.

Signature: _____ Date _____

Print Name: _____