

VERANDAH PET HOSPITAL
BOARDING ADMISSION FORM

Weights: _____ / _____ / _____ / _____ / _____

Owner: _____ File # _____ Date Admitted: _____

Number where you can be reached in an emergency: _____

Name/phone of party if you cannot be reached: _____

Pet's Name: _____ Breed: _____ Sex: _____ Color: _____

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Date(s) of last vaccinations: _____

Belongings left with pet: _____

Medications left with pet: _____

Date to be picked up: _____ AM _____ PM Admitted by: _____

CARE INSTRUCTIONS

MAY WE ALLOW YOUR DOG TO RUN IN OUR FENCED YARD OFF LEAD? YES / NO ?

If multiple pets are boarded, whom may share a cage or run? _____

May we sedate your pet, if necessary, while boarding? YES / NO _____

CURRENT HEARTWORM MEDICATIONS: _____

Heartworm medications to be given: _____ When? _____

Other medications to be given: _____

Medications currently used (incl Topicals) _____

Feeding information: TYPE: _____

AMOUNTS: _____ TIMES: _____

Special Instructions / Requests: _____

() Exams &/or other procedures: _____

() Vaccinations needed: DHLP _____ Parvo _____ Lepto _____ Lyme _____

Rabies _____ Bordetella _____ FeLV _____ FVRCP-P _____

() Tests to be done: Fecal _____ Heartworm _____ FeLV/FIV _____ Other _____

Bath / Grooming: on admission _____ at discharge _____ \$ _____

All pets must be current on all required vaccinations and free of fleas, ticks, and internal parasites. All pets will be tested and/or treated on admission at the owner's expense. Payment for all services must be made in full at time of discharge.

NIGHTLY BOARD RATE \$ _____ Additional Care / Procedures \$ _____

Special Diet \$ _____ Medications Admin. \$ _____ TOTAL ESTIMATE \$ _____

I hereby authorize VERANDAH PET HOSPITAL to administer care and to do whatever may be necessary should an emergency arise.

Signature

Print Name

Date