



365 Saratoga Avenue
Ballston Spa, NY 12020
518-885-5650

BOARDING ADMISSION FORM - FELINE

Client Name: _____ Current Client New Client

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Patient Name: _____ Current Patient New Patient

Breed: _____

Color: _____

Sex: _____ Spayed/Neutered? _____

Birth date: _____

Is your pet a current patient at Ballston Spa Veterinary Clinic? _____ If not, please bring current medical history including vaccine records with you or have the records faxed to us at 518-885-3688.

Has your pet been checked for intestinal parasites in the last 12 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? _____

Any behavior issues? _____

Is your pet on any medication? What? _____

How do you give the medicine? _____

When was last dose given? _____

Current Diet: _____

Special Feeding Instructions: _____

When was your pet last fed? _____

OPTIONAL SERVICES AVAILABLE:

Nail Trim (\$18.00 + tax)

Medication Administration (\$5.00 per treatment)

YES

YES

NO

_____ Times/Day

Boarding Exam: Normal Abnormal Temp: _____ Weight at check-in: _____

Ears: _____ Weight at check-out: _____
Skin: _____
Teeth: _____
Throat: _____

If evidence of fleas present, topical flea drops must be applied. There is a \$20 fee charged for this service.

FLEA EVIDENCE: NOT PRESENT
PRESENT (APPLY FLEA DROPS UPON ADMISSION)

OWNER RELEASE

I understand you cannot guarantee the health of my pet. I understand and 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 diseases and must be free of internal and external parasites or will be treated upon entry or discovery at the owner / agent's expense.

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, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I or my agent can be reached.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for his health 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.

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 problem that develops 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 he has been abandoned.



Date: _____ Owner / Agent: _____



Name & Phone Number of Responsible Party to be reached in an Emergency:



Items I am leaving with my cat:



Pick-up Date: _____

Pick-up Time: _____ AM _____ PM

BOARDING IS CHARGED BY THE DAY AND CHECK-OUT TIME IS AT 11:00 AM.

Admitting Technician Initials: _____

Scan Form Initials: _____



Special Notes And / Or Instructions: