



Canine Boarding Admission Form

Animal Name: _____ **Last-Name:** _____

Boarding Dates: Arrive Date: _____ Pick up Date: _____

***BOARDING IS CHARGED BY THE DAY AND THE DAY CHECKED-OUT IS FREE IF PICKED UP BY NOON**

Pick up after 10 am if having a Grooming Package.

Belongings Brought:

Diet: Feed Hospital's food Feed Owner's food **Did pet eat prior to arriving?** Yes No

Current diet Brand: _____

Feeding Instructions: _____ Cups/Cans _____ times per day Notes: _____

Medications/Dose:

1. _____ Dose: _____ mg _____ per day Last dose given: _____

2. _____ Dose: _____ mg _____ per day Last dose given: _____

3. _____ Dose: _____ mg _____ per day Last dose given: _____

How do you give meds? (Specify In Food/Treats, In Mouth ect.) _____

History: (Please check all that apply with in the last 30 days)

Healthy Vomiting Coughing Sneezing Diarrhea Illness/Injury

Behavior Issues: No Yes: Climbs fences Aggressive with food/other dogs/people Other: _____

Allergies: No Yes: Food Allergies Environmental Allergies Other: _____

Optional Services:

Boarding Grooming Package - Bath, Nails, Anal Glands, Ear Cleaning (\$57 + tax) Yes or No

All grooming packages, as well as ear cleanings and nail trims are done on the morning of pick up. Please pick up after 10 am if you plan on getting a grooming package so we can ensure they're dried and ready to go home.

Underwater Treadmill Exercise (\$26.75 per 20 minute session) Yes- _____ Sessions No

Canine Influenza Vaccine (\$33.00+tax) Yes No

Ear Cleaning (\$20.22+ tax) Yes No

Nail Trim (\$25.19 + tax) Yes No

Emergency Contact and Phone Numbers of Responsible Party:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Owner Release/Signature:

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. I understand that the Ballston Spa Veterinary Hospital Policy states that there are no boarding drop offs or pick-ups after normal business hours.

Social Media Release-I, the undersigned, do hereby grant permission to post my and/or pet's story and pictures to the Ballston Spa Veterinary Clinic Website and Facebook account. I hereby release and discharge Ballston Spa Veterinary Clinic from any and all claims arising out of use of the photos. I am above the age of 18 years. I have read the document and fully understand its contents.

Date: _____ Owner / Agent Signature: _____

Hospital Use Only:

Admitting Tech/Assistant	Initials: _____	Flea Evidence:
Scan/Attach Boarding Form	Initials: _____	<input type="checkbox"/> Not Present <input type="checkbox"/> Present – Applied flea treatment upon admission by: _____
Any needed services on the board	Initials: _____	Incoming Weight: _____ <input type="checkbox"/> Entered in medical history

Requirements- (HWP, Annual HWT, Annual Fecal, Rabies vx, Bordetella vx, Distemper/Parvo vx) *Canine Influenza vaccine recommended