

VERANDAH PET HOSPITAL BOARDING ADMISSION FORM

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: _____ wt# _____

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Belongings left w/ pet: _____ Medications left w/pet: _____

Flea/Tick Product: () Brought Own _____ () Disp & Apply _____

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? _____

CURRENT HEARTWORM &/or FLEA MEDICATIONS: _____

Medications to be given: _____

Do you have any additional concerns/questions? _____

Feeding information: TYPE: _____

AMOUNTS: _____ TIMES: _____

Special Instructions / Requests: _____

() Exams &/or other procedures: _____

() Vaccinations needed: DHLPP-Parvo _____ Lepto _____ Lyme _____ Rabies _____ Bordetella _____

FVRCP-P _____ FELV _____

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

Bath: on admission _____ at discharge _____ \$ _____

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

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

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. I hereby authorize VERANDAH PET HOSPITAL to administer care & to do whatever may be necessary should an emergency arise. I understand that if my pet becomes aggressive sedatives will be given & I may be required to have my pet picked up immediately. Payment for all services must be made in full at time of discharge.

Signature _____

Print Name _____

Date _____