



## Boarding Admission Form

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Drop Off Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ AM/PM Pick Up Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ AM/PM (**desired**)

Does your pet have a history of **digging** at or **jumping** fences? Any special **behavioral/aggression issues**? Please describe.

Can we walk your dog or give your cat extra play time (**\$8.50 per activity**)? If yes, how often? \_\_\_\_\_

Personal items my pet brought today: \_\_\_\_\_

### Feeding:

Diet: \_\_\_\_\_ Amount to Feed: \_\_\_\_\_ 2 times per day.

### Medications: Use reverse side of page for additional medications

Medication: \_\_\_\_\_ Directions: \_\_\_\_\_ Once daily (\$5) Twice daily (\$9) Other: \_\_\_\_\_

Last Given: \_\_\_\_\_

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Last Given: \_\_\_\_\_

### Flea Prevention:

Flea control was applied on (**date**): \_\_\_/\_\_\_/\_\_\_ Flea Product Used: \_\_\_\_\_

If flea control is not current or if fleas are seen on your pet while boarding, we will treat your pet for fleas to avoid discomfort to your pet and to prevent the spread of infectious disease in our facility.

### Infectious Disease Control:

To prevent infectious disease spread and protect all boarders, all patients must have a current annual exam, have been dewormed within the last year and be up to date on required vaccines. I authorize this level of preventative care and accept full financial responsibility for these services. INT: \_\_\_\_\_

### Services:

My pet is due for (An estimate will be given by phone prior to treatment during boarding)

Exam Vaccines Lab work Rx refills Nail trim Anal Sac Expression Other: \_\_\_\_\_

In the event that I am not available by phone, I hereby authorize TPAH to perform such diagnostic/therapeutic as are deemed necessary to protect my pet's health and well-being. I accept that all procedures will be performed to the best of the abilities of the DVM on site. I understand that there is no guarantee that treatments will be successful. I assume full financial responsibility for the services performed. INT: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Contact Phone Number: \_\_\_\_\_

### Secondary emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Office Use only:

Staff Initials: \_\_\_\_\_