

CHECK IN DATE: \_\_\_\_\_ PICK UP DATE: \_\_\_\_\_

# 405 Vet

## ANIMAL HOSPITAL

### Boarding Admission Form

**\*\*Attention: All pets MUST be current on all vaccines and Flea/Tick prevention to be boarded at our hospital.\*\***

Owner Name: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

**Pick-Up:**

What time will you be picking your pet(s) from boarding with us? \_\_\_\_\_ AM or \_\_\_\_\_ PM

**Preventions:**

Is your pet on flea & tick prevention? \_\_\_\_\_ Yes \_\_\_\_\_ No

What brand? \_\_\_\_\_

When was it last applied/given? \_\_\_\_\_

**Diet:**

Kennel Food (GI): \_\_\_\_\_ Owner Provided Food: \_\_\_\_\_ Food Name: \_\_\_\_\_

**Medications:** (There will be an additional \$5 charge per day for giving medications.)

Medication Name	Dose	How many times per day?	Refill?

What time of day were the medications last given? \_\_\_\_\_

**Miscellaneous:**

● Do you have any concerns that you would like the doctor to address during their stay?  
(There will be a charge for an examination fee) Yes \_\_\_\_\_ No \_\_\_\_\_

Concerns: \_\_\_\_\_

● During your pet's stay would you like to receive pictures? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Depending on the volume of pets staying with us, we may not be able to guarantee this service on weekends)

Email Address: \_\_\_\_\_

- Are you leaving any personal items today? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please keep in mind that some items may be lost or damaged during your pet's stay)

Item(s) Description: \_\_\_\_\_

- Does your pet have a history of eating blankets and/or towels? Yes \_\_\_\_\_ No \_\_\_\_\_

**Boarding Add Ons:**

Please initial to approve from the following additional services during your pet's stay:

Anxiety Medications (\$3/day) <b>*IF NEEDED*</b>	Diarrhea Medications (\$25 - \$40) <b>*IF NEEDED*</b>
Bath with Nail Trim (\$25 - \$65)	Nail Dremel (\$20 - \$30)
Snuggle Time with Kennel Staff (1x Day = \$10; 2x Day = \$18) _____ x Day for _____ Days	Play Time with Kennel Staff (1x Day = \$10; 2x Day = \$18) _____ x Day for _____ Days
Leash Walk with Kennel Staff (1x Day = \$10; 2x Day = \$18) _____ x Day for _____ Days	Any special requests during stay? _____ _____ _____

**IN CASE OF EMERGENCY:**

I consent to the treatment of my pet in the event of an emergency. Initials: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**NOTE: In the event we are unable to reach you, the veterinarian on staff will treat at their discretion.**

I agree to the following:

- Boarding will be charged based on the number of nights my pet is here.  
Cost is based on the type of reservation along with any additional services that were requested at the time of drop off.
- My pet will be walked three times a day (if applicable), fed twice daily and have a clean and comfortable space.
- Pick up is Monday – Friday 8am – 5pm or Saturday 8am – 11am.
- **Saturday evening or Sunday pickup is NOT available.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_