Southpointe Veterinary Hospital----------BOARDING ADMISSION FORM

Client Name:
Address:
,
Phone Number:

Patient Name:
Species:
Sex:
Color:

VACCINATION HISTORY

The Bronchoshield vaccine and a fecal exam is required within 6 months of boarding.

Your pet will need to be updated with the following vaccines/services:

_____

Admitting Receptionist _____ **Admitting Technician** _____

Pick Up Date and Time:_____**AM PM**

Has your pet had any vomiting, coughing, sneezing, or diarrhea? **Yes** ☐ **No** ☐

If yes, please explain: _____

Has your pet been fed today? **Yes** ☐ **No** ☐

Feeding Instructions:
1. Quantity fed per meal: _____
2. Time of feeding: A.M. and P.M. ☐ A.M. Only ☐ P.M. Only ☐
3. Brought own food **Yes** ☐ **No** ☐
4. Use hospital bland diet **Yes** ☐ **No** ☐

MEDICATIONS: (THERE IS AN ADDITIONAL CHARGE FOR ADMINISTERING DAILY MEDS)

Is your pet on any medication at this time: **Yes** ☐ **No** ☐
If yes, did you bring your pet's medication: **Yes** ☐ **No** ☐
Has it been given today? **Yes** ☐ **No** ☐

Medication:

_____

Instructions:

_____

Is your pet on flea prevention? Yes ☐ No ☐ Brand used & date last applied:**

****If evidence of fleas are found, flea medications will be given to your pet. The cost of this medication will be charged upon discharge of the pet.**

Flea and tick populations have become increasingly problematic in our area. On admission to Southpointe, all pets housed in the kennel area are subject to a brief exam by a technician that includes being checked with a flea comb for any evidence of fleas and/or ticks. This will also be done upon discharge.

However, we are strongly recommending that all pets be **treated as a precaution** with flea and tick prevention prior to boarding due to the kennel exercise yard's proximity to a creek and wooded area.

____I have read the above statement and agree to have my dog/cat treated as a precaution with Frontline Plus at my expense.

_____

Owner's signature Date

____I have read the above statement and decline to have my dog/cat treated as a precaution with Frontline Plus to prevent flea and/or tick infestation. <u>However, I am aware that if my dog/cat is found to have fleas or ticks, Southpointe will apply Frontline Plus and/or give Capstar at my expense.</u>

_____

Owner's Signature Date

Is your pet afraid of storms/fireworks: **Yes** ☐ **No** ☐
Will your pet jump fences: **Yes** ☐ **No** ☐
Will your pet eat/chew bedding: **Yes** ☐ **No** ☐
Will your pet dig in the yard: **Yes** ☐ **No** ☐

Special Care Instructions:_____

Please list any toys or additional items you brought for your pet :_____

_____

ADDITIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE

Do you want your pet to have a bath upon discharge: ***Yes** ☐ **No** ☐
(This is not a professional grooming service but bath only)

***Pets that are receiving a bath prior to going home will typically not be ready until after 12 noon and owner should call first)**

PHYSICAL EXAM: Yes ☐ **No** ☐ Specific Problem:_____

IF A PROBLEM IS OBSERVED OR AN EMERGENCY DEVELOPS: Considering we are a Veterinary Hospital, should a **PROBLEM** arise, the medical staff will perform exams, procedures and prescribe medications necessary for the health and well-being of .

Should an **EMERGENCY** arise, the medical staff will perform emergency and supportive care, once your pet has been stabilized you will be notified of any further recommendations that the Doctor may have.

I further understand that:

- The clinic will use all responsible precautions against injury, escape or death of my pet. I will not hold the clinic and/or staff liable for any problems that develop provided reasonable care and precautions are followed.
- 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.
- I must call if my "pick-up date" changes. 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 my pet is abandoned and are hereby authorized to dispose of my pet as you deem best and/or necessary.
- The staff at Southpointe will take all reasonable precautions to protect my pet from coming into contact with communicable diseases while in their care. I also understand that this is an animal hospital that treats sick pets and there is no guarantee against exposure to every disease. By signing below, I understand that there is a slight chance that my pet may become sick from another patient at Southpointe. **Southpointe will not assume financial responsibility for treatment of any such illness. All financial responsibility will be assumed by me.**

I have read and fully understand the terms and conditions set forth above and I have asked any questions I may have regarding my pet's stay at Southpointe Veterinary Hospital.

Signature of Owner: _____ Date: _____
or authorized agent

Phone number(s) and name of responsible party who is able to make medical decisions in the event they are necessary (REQUIRED):

1. Name: **Phone: ( )**

2. Name: **Phone: ( )**

Boarding Flow Sheet:

Client Name:_____ Admitted on:_____

Pet Name:_____ Discharged on:_____

Date	Appetite (Poor/Fair/Good)	Medication	Weight	Comments	Staff Intls
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M					

Southpointe
VETERINARY HOSPITAL
of Allen Park PC

BOARDING DISCHARGE INFORMATION

Admitting comments and recommendations by examining technician:
_____
_____

Discharge Date:_____ Discharging technician: ____ Weight upon discharge: _____

While your pet was here:
____ your pet had a great stay !! We look forward to seeing you next time!!
____ your pet had a complete physical examination.
____ your pet was vaccinated for:

___ Rabies 1 year or 3 year vaccine ___ Bordetella ___ other:_____

___ Annual Distemper combo booster ___ Leptospirosis 4 strain

____ your pet had laboratory tests for:

___Heartworm test:_____ ___Fecal exam:_____

___Bloodwork:_____ ___other:_____

____ your pet had the following problem:

_____
_____

____ your pet was given/has been sent home with the following medications:

_____
_____

____ Please bring your pet in for a medical progress exam in ____ days.

THANK YOU FOR BOARDING YOUR PET WITH US!!