

# Boarding Admission Form

Date made \_\_\_\_\_ By \_\_\_\_\_ Size \_\_\_\_\_ Conf \_\_\_\_\_

Patient: \_\_\_\_\_ Breed: \_\_\_\_\_ Wt.: \_\_\_\_\_ Name: \_\_\_\_\_

Emergency #: \_\_\_\_\_ Date in: \_\_\_\_\_ Date out: \_\_\_\_\_ AM PM

Diet: Owners Food ( )      Kennel Food ( )  
AM \_\_\_\_\_ AM \_\_\_\_\_  
PM \_\_\_\_\_ PM \_\_\_\_\_

Has your pet been fed today? Yes or No    Feed Separately? Yes or No    Treats? Yes or No

Baths: 1/2 Price \_\_\_\_\_ Full Price \_\_\_\_\_ Trim \_\_\_\_\_ Shave \_\_\_\_\_ Date Due: \_\_\_\_\_

Grooming info: \_\_\_\_\_

### Medications:

1. \_\_\_\_\_ SID BID TID    3. \_\_\_\_\_ SID BID TID  
2. \_\_\_\_\_ SID BID TID    4. \_\_\_\_\_ SID BID TID

Has your pet received      AM Meds: Yes or No    PM Meds: Yes or No

### Vaccinations or Services Needed:

EXAM	Rabies	DHLPP	FVRCP	HWT
BORDI	BORD	DHPP No Lepto	Leuk	Fecal
Anal Glands	TNT	Clean ears	BORDC	Deworm

Reason for exam: \_\_\_\_\_

Other services: \_\_\_\_\_

Special Care Packages: #1    #2    #3    #4

Other: \_\_\_\_\_

### Belongings:

Collar: \_\_\_\_\_ Leash: \_\_\_\_\_ Carrier: \_\_\_\_\_

Blanket: \_\_\_\_\_ Towel: \_\_\_\_\_ Bag: \_\_\_\_\_

Toys: \_\_\_\_\_

	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	
Appetite															AM
Stool															AM
Appetite															PM
Stool															PM

Appetite (G=good; P=poor; O=didn't eat)

Stool (N=normal; S=soft; D=diarrhea; O=none)

Comments: \_\_\_\_\_

**Hospital Policies:**

1. All pets must be current on vaccinations and free of internal and external parasites.  
Vaccinations included: Rabies, Distemper and Bordetella  
Parasites included: Worms and fleas
2. Payment in full is required on discharge date. If someone else will be picking up your pet then a Credit card or prepayment arrangement must be made.
3. An addition charge will be added for medicating pets while boarding.
4. Any pet showing signs of illness will be kenneled alone.
5. Failure to pick up by scheduled date could result in a double kennel charge based on availability.  
If I fail to pick up my pet after 5 days of the discharge date and do not contact GSAC, we may consider this pet as abandoned, and take any steps we feel necessary.
6. If a life threatening medical emergency should occur during your pets stay, I do hereby give consent to administer all medical treatments deemed necessary to stabilize and treat my pet. This includes non-elective treatments and diagnostics.
7. In the event that your pet(s) becomes ill we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and an estimate of addition charges. If no one can be reached, however, please indicate your wishes below should your pet need required treatment to relieve immediate discomfort.
8. During your pets stay, Green Summit Animal Clinic is not responsible for any possessions that might Be lost or damaged. (i.e.: leads, collars, bedding, toys and food etc)

\_\_\_\_\_ If a non-emergency treatment is needed during your pet(s) stay, I do hereby give consent to administer all medical treatments deemed necessary to make my pet comfortable.

\_\_\_\_\_ I authorize up to (check one and indicate amount) \$ \_\_\_\_\_ \$100 \_\_\_\_\_ \$200 \_\_\_\_\_

\_\_\_\_\_ Do not administer any medical treatment until someone can be reached.

\_\_\_\_\_ I authorize Green Summit Animal Clinic to place bedding in my animal's kennel.

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

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