



BOARDING ADMISSION FORM

CLIENT _____

PATIENT _____

AGE _____

DATE _____

For your pet's protection, and the protection of all our patients, we require current vaccinations for boarding.

Vaccine Policy:

Canine

DHLP-P(Distemper)

BORDETELLA(Kennel Cough)

RABIES

Feline

FVRCP(Distemper)

RABIES

A major advantage of boarding your pet at Beaver Crossing Animal Hospital is that we have access to your pet's complete medical history and veterinary attention is readily available should the need arise. We carefully observe all our boarding patients daily. In the event that your pet becomes ill while boarding, we will call the emergency numbers provided on this form regarding your pet's symptoms, treatment options, and estimate of additional costs. However, if no one can be reached, please indicate your wishes should your pet require immediate medical treatment.

Please check **only** one.

_____ Please perform whatever services are necessary for the best care of my pet until someone can be reached. This includes non-elective treatments, any necessary diagnostics, and transportation for overnight treatment to the staff and facility of Dekalb-Gwinnett Animal Emergency Clinic in coordination with Beaver Crossing Animal Hospital, if 24-hour intensive medical care is necessary.

OR

_____ Other than life-saving measures, do not administer any medical treatment until specific authorization is given.

If your pet is getting an annual exam while boarding, do you want the recommended blood work completed (at an additional cost) _____ Yes _____ No

What, if any, medical problem(s) does your pet have? _____

Is your pet allergic to any medication or food? _____ Yes _____ No

If yes, please list them: _____

We reserve the right to treat for fleas and/or ticks and/or de-worm as necessary to protect your pet as well as other pets staying with us. The additional fees will be added to your bill accordingly.

Please read the following and initial all that apply:

Before pickup, I want my pet to have a(n):

_____ Bath (ALL pets boarding 3 nights or more are always bathed)

_____ Professional Grooming (w/ Bath)

_____ I decline to have my pet bathed

_____ HomeAgain Microchip Implantation

Please complete the information on the reverse side 

Feeding: It is common that changes in diet can cause gastrointestinal issues (diarrhea). We provide Science Diet dry food to our boarding guests who do not bring their own food from home. Please complete the following feeding instructions and **be sure to include brand of food & amount.**

Food Type		A.M.	Mid-Day	P.M.
Science Diet	Dry			
	Canned			
Your own food	Dry			
	Canned			

Medication(s):

Do we need to administer any medication to your pet? Yes No

Please list all medications and/or supplements and dosages:

MEDICATION	DOSAGE	NUMBER OF TIMES DAILY

***** If your pet is a diabetic, please be sure you also complete a diabetic worksheet*****

Check-In Date: _____ Check-Out Date: _____ Check-Out Time: _____

Number(s) where YOU can be reached: _____

Alternate Emergency Contact Information:

Name: _____ Relationship: _____

Number: _____ Alternate Number: _____

By signing below, I acknowledge that I have read the boarding policy of Beaver Crossing Animal Hospital, agree to all of the aforementioned conditions, and agree to pay for all authorized services at the time of release.

_____ Owner/Agent signature

_____ Date