

<date>

ROBINSON ANIMAL HOSPITAL BOARDING ADMISSION FORM

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

<animal> \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

**Pet History**

**Vaccination  
History:**

Cats

Current      Update Today  
\_\_\_\_ Annual Exam \_\_\_\_\_  
\_\_\_\_ FVRCP \_\_\_\_\_  
\_\_\_\_ 1yr/3yr Rabies \_\_\_\_\_  
\_\_\_\_ Fecal \_\_\_\_\_

Dogs

Current      Update Today  
\_\_\_\_ Annual Exam \_\_\_\_\_  
\_\_\_\_ DA2PP \_\_\_\_\_  
\_\_\_\_ Bordetella \_\_\_\_\_  
\_\_\_\_ 1yr/3yr Rabies \_\_\_\_\_  
\_\_\_\_ Fecal \_\_\_\_\_  
\_\_\_\_ Hwttest \_\_\_\_\_

**\*Feline Leukemia/FIV Test (required for outdoor cats that are more than 1 year pasted due on Leuk vaccine, OR that are ill)**

Is <animal> on heartworm preventive? Brand, when given? \_\_\_\_\_ DATE \_\_\_\_\_

Is <animal> on flea control? Brand, when given? \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*A veterinary approved flea preventative is required for boarding. If evidence of fleas or ticks is present, additional medication may be necessary, and there is a fee charged for these services. We do not accept OTC flea control.**

Any vomiting, coughing, sneezing or diarrhea? \_\_\_\_\_

Any other conditions we need to know about? \_\_\_\_\_

Is <animal> allergic to any drugs? What? \_\_\_\_\_

Has <animal> had any illness or injury in the past 30 days? \_\_\_\_\_

Is <animal> on any medication? What? When? \_\_\_\_\_

Current Diet: \_\_\_\_\_

Specific Feeding Instructions- CUPS AND FREQUENCY: \_\_\_\_\_

Medication Administration: Please give specific instructions on drug name, dosage, and how often it needs to be given \_\_\_\_\_  
**(There is an additional charge for medication administration.)**

**Pick Up Date: \_\_\_\_\_ (we are open weekdays 7:30 am to 6 pm, and Saturdays 8:30 am until noon)**

**OPTIONAL SERVICE AVAILABLE AT ADDITIONAL CHARGE:**

Dismissal Bath    YES \_\_\_\_\_    NO \_\_\_\_\_

## BOARDING PATIENT OWNER RELEASE

I understand you can not guarantee the health of <animal> I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event <animal> should bite any person or other pet while on the clinic premise

I understand that in the event of <animal>'s illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached.

### **If any non-emergency problem is observed or develops: (initial one)**

- Please treat <animal> as required, you need not call me. \_\_\_\_\_
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment. \_\_\_\_\_

Should an **EMERGENCY** arise, I authorize the medical staff of Robinson Animal Hospital to sedate <animal> and/or perform such emergency procedures as may be necessary for the health of <animal> until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to <animal>.

I understand that 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.

The clinic is to use all reasonable precaution against injury, escape, or death of <animal> The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with <animal> will be treated as noted above and I assume full responsibility for the treatment expense incurred.

**I have 2 pets under 40#, and I elect to have them boarded together. I understand that I cannot hold the hospital responsible for any injuries they could inflict on one another. \_\_\_\_\_**

**I will call if my "pick-up date" changes so you can plan accordingly.** If I neglect to pick up <animal> within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and/or necessary.

**I understand this form explaining boarding policy and regulations.**

**I understand there is an additional charge for any pet deemed aggressive during the boarding period.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone # in Case of Emergency: \_\_\_\_\_

Name & Phone # of Another Authorized Party in Case of Emergency: \_\_\_\_\_