

BOARDING ADMISSION FORM

Owner _____ Pet's Name _____

Vaccination Policy: Per State Law, all dogs and cats must be current on a Rabies vaccination. Blackstone Animal Clinic also requires dogs to be current on Distemper/Parvo/Corona and Bordetella vaccinations. Cats are required to be current on a Feline Distemper vaccination. Unless record of these vaccinations is provided from another clinic or hospital, Blackstone Animal Clinic has permission to update these vaccinations for my pet(s) upon their arrival for boarding. **In an effort to keep our kennel clean and parasite free, Blackstone Animal Clinic will administer parasitic control if deemed necessary by the doctor.**

Is your pet on any flea/tick prevention? Yes ___ No ___. If so, what _____ and when was last dose _____. **If treatment is due, we will administer to your pet upon admittance.**

I/we have read and understand the above policy and agree to pay for any vaccinations or parasitic control needed for my pet(s). (please initial) _____

Is your pet on heartworm preventive? Yes _____ No _____

Has your pet been checked for intestinal parasites in the last 6 months? Yes ___ No ___

Any vomiting, coughing, sneezing or diarrhea? Yes _____ No _____ If yes, please describe _____

Is your pet allergic to any drugs? Yes ___ No ___ If yes, please list: _____

Any illness or injury in the past 30 days? Yes _____ No _____ Oh No! What happened? _____

Any pre existing health conditions we need to know about? Yes _____ No _____ If yes, please list/explain _____

Is your pet on any medication? Yes ___ No ___ If yes, please list _____

Medication Administration _____ Times/Day **When did pet have last dose?** _____

Current Diet: _____

Special Feeding Instructions: _____

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

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

Physical Exam **Specific Problem:** _____

OWNER RELEASE

I understand you cannot guarantee the health of my pet. 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.

I understand that in the event of my pet'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 or my agent can be reached.

Should an EMERGENCY arise, I authorize the medical staff 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>.

Please initial _____

If any ROUTINE problem is observed or develops: (Please circle one of the options below)

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and give consent for you to evaluate and treat as recommended.

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 my pet. 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 my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

A pet is considered abandoned if not picked up 14 days after scheduled pick up date. Blackstone Animal Clinic has the authority to re home and/or place abandoned pets in a humane manner.

A bath is optional for your pet on the day of pick up. Please ask about schedule availability and fees.

And be sure to read all about our Play Pal Program – Good Times, Good Times!!

Date: _____ **Owner / Agent Signature:** _____

Name & Phone Number of Responsible Party to be reached in an Emergency:
