Elberton Animal Hospital Boarding Admission Form

Owner's Name:_____**Client #:**_____

Contact Info For Owner While Away:_____

Pet's Name:_____**Breed:**_____

Age:_____ **Sex:**_____**Spayed/Neutered**_____**Color:**_____

Date of Check-In:_____ **Date of Expected Check Out:**_____

Pet History: "I understand that state law requires Rabies vaccination for all pets. I also understand clinic policy requires Distemper/Parvo and Bordetella vaccinations for dogs and Feline Distemper for cats be current. My pet must have official documentation of current vaccines from previous veterinarian or place of professional vaccination. If such documentation is unavailable or if my pet's last set of vaccines are expired, it is required that my pet is vaccinated at time of drop off. If my pet bites another animal or person while at this veterinary clinic, I will provide written evidence of a current Rabies vaccination with 24 hours of notification to do so."

***** Please Note: All patients will receive a Capstar upon arrival.*****

Owner/Agent Initial:_____ **Date:**_____

Please Mark Yes or No to all of the Following Questions:

Cats:		
Vaccines:	**Current?**	
	Yes	**No**
FVRCP		
Rabies		

Y	**N**	**Question:**
		Has your pet been checked for intestinal parasites in the last 6 months?
		Has your pet experienced any vomiting, coughing, diarrhea, or sneezing?
		Is your pet allergic to any drugs?
		Has your pet had any illness/injury in the past 30 days?
		Is your pet currently on any medication? (If yes, please list below)

Dogs:		
Vaccines:	**Current?**	
	Yes	**No**
DHPP/DHLPP		
Bordetella		
Rabies		

Medication List:

1._____ **2.**_____

3._____**4.**_____

Please List Any Belongings You Are Leaving Here With Your Pet:

1._____ **2.**_____**3.**_____

4._____**5.**_____**6.**_____

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OWNER RELEASE

I understand you CANNOT guarantee the health of my pet. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection. 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 diseases and must be free of fleas and 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 my pet should bite any person or other pet while on the clinic premises.

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 I or my agent can be reached.

If any problem is observed or develops:

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

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

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 nay problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

Owner/Agent Signature:_____Date:_____

Name & Phone Number of Responsible Party to be Reached in an Emergency if We Cannot Reach You:

Name:_____Relationship:_____Phone #:_____

Name:_____Relationship:_____Phone #:_____

DOCTOR/TECHNICIAN'S USE ONLY: **Weight:_____** **Temp:_____**

Admitting Physical Exam	Normal	Abnormal
Ears		
Teeth		
Throat		
Skin		