



Apple Tree Cove Animal Hospital

Boarding Admission Form

Client Name: _____ Prepped By: _____

Pet(s) Name/Age: _____ M/F _____ M/F _____ M/F

Description: _____

Check-In Date: _____ am/pm Check-Out Date: _____ am/pm

Your Contact Number (while you are away): _____

Other Emergency Name/Phone Number (someone authorized to make decisions regarding your pets care):

Has your pet(s) boarded before? _____

Is your pet okay around other pets? _____

1.) Vaccination Policy

In order to board your pet(s), his/her vaccinations MUST be current. Canine pets require a DHPP, Rabies and Bordetella vaccination. Feline pets require a FVRCP and Rabies vaccination. If your pet does not receive his/her vaccines at this facility, you must show documentation that verifies vaccinations administered by a veterinarian. Due to the storage and administration requirements of many vaccines we will only be able to honor vaccinations administered by a veterinarian. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccinations administered at this facility will be charged accordingly.

Pet(s) Name(s): _____

Rabies Vaccine – Due Date: _____

DHPP/FVRCP – Due Date: _____

Bordetella Vaccine – Due Date: _____

2.) Physical Examination Requirements

Because we are committed to preventative medicine, we believe that the most important component of your pet's health care is the annual wellness exam. The wellness exam allows our doctors and staff to identify or prevent medical conditions in their early stages. All pets entering our boarding facility will need to have had a complete physical examination with one of our doctors, or your current veterinarian, within the last year to ensure no underlying medical conditions are present or could present during your pet's stay at our boarding facility. In addition, we ask for your help by providing us with information about how your pet is doing at home.

Date of last exam: _____

3.) Additional Services

Examination for: _____ Vaccines: _____

Prescription Refill (pet's name and medication): _____

Fecal Analysis/Deworming Flea Treatment: _____ Microchip

4.) Feeding Instructions

Hospital Diet: _____ Dry Canned Both Treats **Food allergies?** _____

Pet's own food (please indicate brand for dry and canned): _____

Frequency (please indicate for dry and canned): _____

Special Instructions (Qty., etc): _____

Has your pet(s) eaten today? _____

5.) Medications

Medications that need to be administered to your pet need to be brought to us in the *original container* they were prescribed in. There are additional charges for the administration of medication or necessary treatments. Please ask staff for prices as they vary depending on the frequency of administration. Please provide instructions for each medication that you would like our staff to administer *including pet's name and frequency of administration*:

Name/amount of medication Frequency

Name/amount of medication Frequency

Name/amount of medication Frequency

Has your pet(s) had his/her medications today? _____

6.) Dog Walking – Off Site

Our hospital nurses and kennel attendants will take your dog(s) for 30-minute off-site walk(s). Walks are performed up to 2 times daily and *only* during daylight hours, usually between the hours of 10am and 6pm. This is offered in addition to the regular outdoor breaks offered.

Yes, I would like ATCAH staff to take my pet(s) for off-site walk(s) Frequency: _____

No, the regular outdoor breaks are suitable for my pet(s).

7.) Grooming

We are currently offering limited grooming services. Please ask staff for prices as they vary depending on the size of your dog(s) and/or services provided.

No Grooming Services Bath & Brush Toenail Trim Anal Gland Expression Sanitary Shave

8.) Personal Belongings

We are happy to provide your pet(s) with blankets. If you wish to bring items from home *please label them clearly* with permanent ink. Please list and describe all belongings that will be left with your pet(s) while they are boarding:

Statement of Hospital Boarding Policy

1. A full day's boarding is charged for the first and last days, no matter what time the pet is admitted or released.
2. Pet's *must* be picked up between 8:00 AM and closing. Discharge after hours is not allowed.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. Apple Tree Cove Animal Hospital cannot guarantee the health of any animal, but pledge to give appropriate care to all boarded pets. I hold this facility harmless for conditions that are often unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea and fleas.
5. **Apple Tree Cove Animal Hospital strives to maintain a flea-free environment. If your pet arrives with evidence of fleas we will administer a flea treatment and your account will be charged accordingly.** _____ (owner initials)
6. Should the pet(s) identified on record become ill, I request that Apple Tree Cove Animal Hospital provide all medical/surgical treatment deemed necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at ATCAH may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the emergency contact) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.
7. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone within the last 10 days.

I have read the above and I am in full agreement.

Signature

Signature of Owner or Owner's Representative

Date

Date

Staff Initials

Staff Initial