



Boarding Admission Form

Owner's Name: _____ Pet's Name: _____

Drop Off Date: ___ / ___ / ___ Time: ___:___ AM/PM Pick Up Date: ___ / ___ / ___ Time: ___:___ AM/PM (*desired*)

Does your pet have a history of **digging** at or **jumping** fences? Any special **behavioral/aggression issues**? Please describe.

For an additional cost we can walk your dog or give your cat extra play time; If yes, how often? _____

Personal items my pet brought today: _____

Feeding:

Diet: _____ Amount to Feed: _____ *2 times per day.*

Medications: *Use reverse side of page for additional medications, additional fees will apply.*

Medication: _____ Directions: _____ Once daily Twice daily Other: _____

Last Given: _____

Medication: _____ Directions: _____ Once daily Twice daily Other: _____

Last Given: _____

Flea Prevention:

Flea control was applied on (*date*): ___ / ___ / ___ Flea Product Used: _____

If flea control is not current or if fleas are seen on your pet while boarding, we will treat your pet for fleas to avoid discomfort to your pet and to prevent the spread of infectious disease in our facility.

Infectious Disease Control:

To prevent infectious disease spread and protect all boarders, all patients must have a current annual exam, have been dewormed within the last year and be up to date on required vaccines. I authorize this level of preventative care and accept full financial responsibility for these services. INT: _____

Services:

My pet is due for (*An estimate will be given by phone prior to treatment during boarding*)

Exam Vaccines Lab work Rx refills Nail trim Anal Sac Expression Other: _____

In the event that I am not available by phone, I hereby authorize TPAH to perform such diagnostic/therapeutic as are deemed necessary to protect my pet's health and well-being. I accept that all procedures will be performed to the best of the abilities of the DVM on site. I understand that there is no guarantee that treatments will be successful. I assume full financial responsibility for the services performed. INT: _____

Owner's Signature: _____ Date: ___ / ___ / ___

Contact Phone Number: _____

Secondary emergency contact:

Name _____ Phone _____

Office Use only:

Staff Initials: _____