



Boarding Guest:
Species:
Weight:

Owner:
Breed:
Color:

Date:
Gender:
Admitting Staff:

BOARDING ADMISSION

ARRIVAL DATE: _____

DISCHARGE TIME:

- MON-FRI 8:30-10:30AM
- MON-THU 5:00-6:30PM
- FRI 4:00-5:00PM
- SAT 8:30-11:30AM
- SCHEDULED NURSE DISCHARGE _____
(\$12 fee for nurse discharge)

DISCHARGE DATE: _____

EMERGENCY CONTACT: Name: _____ Phone # _____

Preferred contact method: Text Call Email: _____

FLEAS: We are dedicated to providing a *Flea Free Environment* and all boarding pets must be current on flea prevention.

I have treated my pet with a flea preventive within the last 30 days: Yes No, please administer a dose

Brand: _____ Date: _____

Pets are checked for fleas upon admission and discharge. If fleas are found on your pet, we will administer an additional flea treatment at an additional cost.

DIET: All boarding guests are offered maintenance diets, unless you indicate otherwise.

- I do not have a preference. Please feed the "house" maintenance diet
- Please open and add the following prescription diet to my invoice: _____
- May we give a small amount of treats to your pet? Yes No
- My pet has food allergies No Yes (please list) _____

Please describe what brand, type, and amount you typically feed your pet: _____

- I have brought my pet's own food
- My pet eats canned food at home: Yes No

MEDICATIONS: All medications must be accurately labeled IN THEIR ORIGINAL CONTAINER, including medication name, strength, quantity, and current dose. Inappropriately labeled medications will not be accepted. Boarding guests receiving medications will be charged for the administration and supervision of your pet's medication needs.

Medication	Dose	Dosing frequency*	Last dose given	Next dose due
1				
2				
3				
4				

*QDAM = once in morning, QDPM = once in PM, BID = dose in AM and PM

For your convenience, may we provide any additional services while your pet is boarding with us?

NON-MEDICAL SERVICES REQUESTED:

<input type="checkbox"/> Loving daily affection & attention (no charge)	<input type="checkbox"/> Cleansing Bath, Blow Dry & Brush or Combout
<input type="checkbox"/> Extended Mid-day Adventure Walks	<input type="checkbox"/> Anal Glands Expressed
<input type="checkbox"/> Microchip & Lifetime Registration Fee	<input type="checkbox"/> Hygiene Sani-Clip
<input type="checkbox"/> Toe Nail Trim	<input type="checkbox"/> Grooming & Comb-Out**

**We will attempt to contact you for authorization if a more extensive grooming requires sedation

MEDICAL SERVICES REQUESTED: Please review and approve the Treatment Plan and estimated cost before you leave. A 50% deposit may be required for major services.

<input type="checkbox"/> Adult or Senior Wellness Exam (+/- vaccines due)	<input type="checkbox"/> Minor Medical Problem (please describe on reverse)
<input type="checkbox"/> Wellness Laboratory Screening	<input type="checkbox"/> Dental Exam & Cleaning with Anesthesia**
<input type="checkbox"/> Fecal Parasite Screen	<input type="checkbox"/> Other:

** Signed Anesthetic Release Form and Treatment Plan are required.

PERSONAL BELONGINGS: Please list and describe any personal belongings you brought with your pet (collar, leash, carrier, bedding, toys, food, etc. (please list medications above).

ADDITIONAL NOTES:

I understand Atlantic Veterinary Hospital's payment policy and agree to remit full payment at the time of discharge. I agree to inform Atlantic Veterinary Hospital of any concerns I have in regard to my pet's health and wellbeing.

Owner/Authorized Agent: (please print) _____

Signature: _____

Date:

Internal use only:

- Admitting staff 1st review _____
- Nurse 2nd review & whiteboard _____
- Kennel review _____
- Scan & attach, file
- Discharge nurse review & RTG _____