

Holt Veterinary Clinic

CURRENT CLIENT BOARDING ADMISSION FORM

Owner: _____ Today's Date: _____

Street Address: _____ Apt.# _____ Tel.Work: _____

City: _____ State: _____ Zip: _____ Tel.Home: _____

Phone number at which owner or designated agent can be reached in case of emergency: _____

Additional contacts: _____

Pet's Name: _____ Breed: _____ Sex: ___ Age: _____ Color/markings: _____

Required vaccinations: DHPP _____ FVRCP _____ Rabies _____ Required Negative Fecal Exam _____

Is pet neutered? Yes No If not, is she currently in heat? Yes No

Does your pet have any behavioral characteristics that could create a problem while boarding. Yes No

If yes, explain: _____

Is your pet scared of thunderstorms and/or neighborhood fireworks?: _____

Date to be Picked up: _____ Day of week: _____ Time: _____ AM ___ PM Admitted by: _____

What medication is this pet taking? _____ For what condition? _____

Medication to be given while boarding: 1. _____ at _____ AM ___ Noon ___ PM

2. _____ at _____ AM ___ Noon ___ PM

Feeding instructions: Own/Clinic Diet 1. Amount _____ at _____ AM ___ Noon ___ PM

2. Amount _____ at _____ AM ___ Noon ___ PM

INSTRUCTIONS WHILE BOARDING

- Physical exam
- Boosters: DHPP* FVRCP* Rabies* Leptospirosis* Bordetella* FELV*
- Heartworm Test Heartworm Preventive Flea/Tick Preventive
- Fecal Exam
- Personal items: _____
- Trim nails

While in for boarding have Doctor check: _____

Fee per day: \$ _____ Medication Administration fee: \$ _____ Daily Total: \$ _____

If a tranquilizer is necessary for treatment or handling, I give my permission to the Holt Veterinary Clinic to administer such medications.

All animals entering the Clinic for boarding must be up to date on vaccinations, free of external parasites (fleas, ticks, etc.) and intestinal parasites, or they will be treated upon entry at owner's expense.

I also authorize the Holt Veterinary Clinic to do whatever is necessary should an emergency situation arise. Payment is required when animal(s) is (are) released.

Pets are released only during regular Clinic hours. If I neglect to pick up a pet within 5 days of the date above, you may assume that the pet is abandoned and you are hereby authorized to dispose of the pet(s), as you may deem best and necessary.

I have read the above and consent.

Signed: _____ Are you the owner? Yes No

*See "Vaccination / Prevention of Infectious Diseases" handout for description of vaccines and diseases they protect from.