

BOARDING INTAKE FORM

Pet Name:	
Dates of Stay:	
Possessions:	
Food Type:	
Food:	
Instructions:	
Medication**	Last dose:
Medication Instructions:	
Owner Name:	
Owner Phone:	
Emergency Contact:	

Current Exam: All medical boarders must have a current exam in the last 6 months, and owner must speak with doctor at drop off. All standard boarders must have a current exam within the last 12 months.

Parasites: I am aware that if my pet has fleas, ticks or evidence of internal or external parasites, he/she will be treated with appropriate parasiticides of the doctor's choice at my expense. This is to ensure the safety of all our patients.

Treatment Authorization: If the Veterinarian on duty feels it is medically necessary to treat or medicate my pet while boarding and is unable to reach me for verbal consent, I authorize At Home Animal Hospital staff to provide care and agree to pay all charges associated with that care in full prior to discharge.

Vaccination Requirements: Parvo / Distemper vaccine for dogs and FVRCP vaccine for cats must be current. If proof of current vaccination cannot be verified prior to drop off, we will not be able to board your pet. Vaccines must be given 14 days prior to start of reservation to be considered valid. Bordetella vaccine is required for dogs. The staff of At Home Animal Hospital takes all reasonable safety precautions and closely supervises each pet to avoid the ingestion of foreign objects, however, dog behavior by nature is unpredictable. At Home Animal Hospital will not pay for, reimburse, or be held liable for the ingestion of any foreign object. This includes, but is not limited to bedding, towels, rocks, plant material, and toys or pieces of toys.

Informed Consent: I consent for my pet(s) to participate in communal activities at At Home Animal Hospital. I understand that during the course of a day my pet(s) will encounter other dogs in the facility. Although the staff of At Home Animal Hospital will closely supervise all pet(s), I understand and accept that play behavior, unknown or undocumented aggression, or participation in routine activities can lead to altercations or injuries including, but not limited to, puncture wounds, scratches, sprains, ACL tears, broken bones, etc..

I further understand that if my pet(s) is injured during their stay with us, he/she will be examined and treated by the doctors and staff of At Home Animal Hospital. I willingly assume all risks of and responsibility for the costs (Including but not limited to, professional fees, medications and diagnostics) to treat any injuries my pet(s) sustains while in the care of At Home Animal Hospital. I further understand and accept that the owners and staff of At Home Animal Hospital will not be held liable for any injuries or death sustained by my pet(s) while under their care. Payment, in full, for treatment of any injury is required at pickup.

Communicable Disease Release: I understand that while At Home Animal Hospital takes all reasonable steps to avoid communicable diseases such as kennel cough, conjunctivitis, papilloma virus, etc.. there is still a risk of contracting a communicable disease or parasite while boarding. In the event my pet receives such a diagnosis during or after their stay with At Home Animal Hospital, I assume all the risks and agree to pay the costs of all treatments, exam, diagnostics and medications. I further agree to hold the owners and staff of At Home Animal Hospital harmless from expenses incurred for such treatments.

Signature: _____ Date: _____

Help save a life! In case of a patient emergency in the clinic, would you be willing to allow your pet to be a blood donor? In consideration of your kokua, please enjoy a \$75.00 credit toward your visit.

Signature: _____ Date: _____

For Staff Use Only:

Weight IN:

OUT:

Pick up time:

Last Exam:

Vaccines Current:

YES

NO

NOTES: