

VCA Kirkwood Animal Hospital Boarding Policy and Admission Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Pet's Name: _____ Circle: Cat Dog

Pet's Breed: _____ Pet's Age: _____ Pet's Sex: _____ Spayed/Neutered/Intact

Local Emergency Contact

Name: _____ Phone: _____

In the event our staff is unable to reach you or your emergency contact, I give the doctors of VCA Kirkwood permission to treat. If advanced emergency care is needed, your pet will be transported to VCA Newark or Blue Pearl. I understand I will be charged for treatments that are needed.

Admission Date: _____ Time: _____ Pickup Date: _____ Time: _____

Boarding rates begin the day you drop off your pet. All pets picked up after 12 p.m. will be charged a full day's board.

Please circle if your pet has any of the following:

Toy/Food aggression Separation Anxiety High Energy
Fear of Strangers Dislike of Other Pets Fear of Storms

Other: _____

Feeding: We feed Hills Science Diet Adult/Sensitive Skin and give Biscuits daily

Circle: Own Food Kennel Food

Dry- Type: _____ Amount: _____ Times per Day: _____

Canned- Type: _____ Amount: _____ Times per Day: _____

Food Allergies: _____ Special Instructions: _____

My pet has already had: Breakfast _____ Lunch _____ Dinner _____

If your pet runs out of food, we will feed our Hills Maintenance unless on a prescription diet. If your pet is on a prescription diet, we will replenish the supply and you will be charged.

Medical History/ Medications

Physical Exam: If your pet receives veterinary care elsewhere, please have your veterinarian email this year's medical records to au426@vca.com prior to booking.

Does your pet have any significant medical history we should be aware of? Please describe:

Medications/Supplements: All medications/supplements must be brought in the original bottle. There is an administration fee of \$11.20 per day for oral medications. Injectable medication is additional.

Name _____ Dose _____ Instructions _____

Name _____ Dose _____ Instructions _____

Name _____ Dose _____ Instructions _____

Name _____ Dose _____ Instructions _____

Name _____ Dose _____ Instructions _____

Name _____ Dose _____ Instructions _____

Has your pet received his/her medication today? _____