



# Boarding Admission Form- Multiple Dogs # \_\_\_\_\_

Pet Names (up to 4): \_\_\_\_\_

Last Name: \_\_\_\_\_

## Boarding Dates:

Arrival Date: \_\_\_\_\_

Pick up Date: \_\_\_\_\_

**\*BOARDING IS CHARGED BY THE DAY AND THE PICK UP DAY IS FREE IF PICKED UP PRIOR TO NOON  
CHECK-OUT TIME IS AFTER 10 AM IF GETTING GROOMING PACKAGE\***

## Belongings Brought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diet:**  Feed Hospital's food  Feed Owner's food **Did they eat prior to arriving?**  Yes  No

Pet Name: _____	Current diet Brand: _____	Feeding Instructions: _____	Cups/Cans _____	times per day/ Notes: _____
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**Medications/Dosing:** Are pets currently on any medications?  Yes  No

<b>Pet 1:</b> _____	1. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
	2. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
	3. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
<b>Pet 2:</b> _____	1. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
	2. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
	3. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
<b>Pet 3:</b> _____	1. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
	2. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
	3. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
<b>Pet 4:</b> _____	1. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
	2. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____
	3. _____	Dose: _____ mg _____ per day	Last dose given: _____/ Notes: _____

How do you give meds? (Specify In Food/Treats/Mouth,ect..) Notes: \_\_\_\_\_



**History:** *(Please check all that apply with in the last 30 days)*

- Pet 1:**  Healthy  Vomiting  Coughing  Sneezing  Diarrhea  Illness/Injury  
Behavior Issues:  No  Yes:  Climbs fences  Aggressive with food/other dogs/people  Other: \_\_\_\_\_  
Allergies:  No  Yes:  Food Allergies  Environmental Allergies  Other: \_\_\_\_\_
- Pet 2:**  Healthy  Vomiting  Coughing  Sneezing  Diarrhea  Illness/Injury  
Behavior Issues:  No  Yes:  Climbs fences  Aggressive with food/other dogs/people  Other: \_\_\_\_\_  
Allergies:  No  Yes:  Food Allergies  Environmental Allergies  Other: \_\_\_\_\_
- Pet 3:**  Healthy  Vomiting  Coughing  Sneezing  Diarrhea  Illness/Injury  
Behavior Issues:  No  Yes:  Climbs fences  Aggressive with food/other dogs/people  Other: \_\_\_\_\_  
Allergies:  No  Yes:  Food Allergies  Environmental Allergies  Other: \_\_\_\_\_
- Pet 4:**  Healthy  Vomiting  Coughing  Sneezing  Diarrhea  Illness/Injury  
Behavior Issues:  No  Yes:  Climbs fences  Aggressive with food/other dogs/people  Other: \_\_\_\_\_  
Allergies:  No  Yes:  Food Allergies  Environmental Allergies  Other: \_\_\_\_\_

**Optional Services:**

**Boarding Grooming Package - Bath, Nails, Anal Glands, Ear Cleaning**  Yes or  No For: \_\_\_\_\_

All grooming packages, as well as ear cleanings and nail trims are done on the morning of pick up. Please pick up after 10 am if you plan on getting a grooming package so we can ensure they're dried and ready to go home.

**Underwater Treadmill Exercise**  Yes-\_\_\_\_\_Sessions  No For: \_\_\_\_\_

**Canine Influenza Vaccine**  Yes  No For: \_\_\_\_\_

**Ear Cleaning**  Yes  No For: \_\_\_\_\_

**Nail Trim**  Yes  No For: \_\_\_\_\_

**Emergency Contact and Phone Numbers of Responsible Party:**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



**Owner Release/Signature:**

I understand you cannot guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels such as, but not limited to, weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated upon entry or discovery at the owner / agent's expense. I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I or my agent can be reached. Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for his health until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet. I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding. The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred. **I will call if my "pick-up date" changes so you can plan accordingly.** If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that he has been abandoned.

I understand that the Ballston Spa Veterinary Hospital Policy states that there are no boarding drop offs or pick-ups after normal business hours.

**\*If your pet soils itself in their kennel, they will need to be bathed for their well-being at your expense.**

**\*If evidence of fleas are present, treatment will be given at an additional fee based on the weight of the pet.**

Date: \_\_\_\_\_ Owner / Agent: \_\_\_\_\_

**Hospital Use Only:**

Admitting Tech/Assistant	<b>Initials:</b> _____	Flea Evidence: <input type="checkbox"/> Not Present <input type="checkbox"/> Present – Applied flea treatment upon admission <b>by:</b> _____
Scan/Attach Boarding Form	<b>Initials:</b> _____	
Any needed services on the board	<b>Initials:</b> _____	
Incoming Weight 1: _____ Incoming Weight 2: _____ Incoming Weight 3: _____ Incoming Weight 4: _____ <input type="checkbox"/> Entered in medical history		

**Requirements: Pet Name:** \_\_\_\_\_

HWP,  Annual HWT,  Annual Fecal,  Rabies vx,  Bordetella vx,  Distemper/Parvo vx) \*Canine Influenza vaccine recommended

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