



Boarding Admission Form- Multiple Cats # _____

Pet Names (up to 4): _____ Last Name: _____

Boarding Dates: Arrival Date: _____ Pick up Date: _____

***BOARDING IS CHARGED BY THE DAY AND THE DAY CHECKED-OUT IS FREE IF PICKED UP BY NOON**

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

Pet 1: _____ 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: _____

Pet 2: _____ 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: _____

Pet 3: _____ 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: _____

Pet 4: _____ 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, etc..) 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: Aggressive with food/in cage/with other animals/people Other: _____
Allergies: No Yes: Food Allergies Environmental Allergies Other: _____
- Pet 2:** Healthy Vomiting Coughing Sneezing Diarrhea Illness/Injury
Behavior Issues: No Yes: Aggressive with food/in cage/with other animals/people Other: _____
Allergies: No Yes: Food Allergies Environmental Allergies Other: _____
- Pet 3:** Healthy Vomiting Coughing Sneezing Diarrhea Illness/Injury
Behavior Issues: No Yes: Aggressive with food/in cage/with other animals/people Other: _____
Allergies: No Yes: Food Allergies Environmental Allergies Other: _____
- Pet 4:** Healthy Vomiting Coughing Sneezing Diarrhea Illness/Injury
Behavior Issues: No Yes: Aggressive with food/in cage/with other animals/people Other: _____
Allergies: No Yes: Food Allergies Environmental Allergies Other: _____

Optional Services:

- Ear Cleaning** Yes No For: _____
- Nail Trim** Yes No For: _____

* If your pet soils themselves 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.**

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 Clinic Policy states that there are no boarding drop offs or pick-ups after normal business hours.

Social Media Release-I, the undersigned, do hereby grant permission to post my and/or pet's story and pictures to the Ballston Spa Veterinary Clinic Website and Facebook account. I hereby release and discharge Ballston Spa Veterinary Clinic from any and all claims arising out of use of the photos. I am above the age of 18 years. I have read the document and fully understand its contents.

Date: _____ Owner / Agent: _____

Hospital Use Only:

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

Requirements: Pet Name: _____

Felv/FIV Test, Feline Distemper Vaccine (FVRCP), Rabies Vaccine

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