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| **Boarding Admission Form** |



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| |  | | --- | | Drop off Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm Time Out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  Pick-Up Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   We operate a flea free facility and in order to maintain this standard, flea treatments are required for boarding. In the event fleas are found, I am aware that my pet will be given flea treatment at an additional charge. \_\_\_\_\_  All pets must be up to date on vaccinations. I am aware that my pet must be current on required vaccines Proof of vaccinations must be on file at the time of boarding, or they will be administered upon admission at additional charge. \_\_\_\_\_\_  It is our hospital policy that all pets are clean at the time of discharge. If your pet will be with us for an extended stay (five days or longer), he/she will likely need a clean-up bath before leaving. If a bath is considered necessary, it will be done on the day of discharge and you will be charged at regular bath rates. \_\_\_\_\_\_  **In the event that your pet becomes ill or gets injured, every effort will be made to contact you or the emergency contact person for instructions regarding the extent of care. If veterinary care is deemed advisable, the staff of VCA Arroyo Grande Animal Hospital have permission to perform CPR (resuscitation on my pet due to cardiac or respiratory arrest). I also understand that should this happen, I will have the hospital fees added to the invoice. \_\_\_\_\_\_\_**  **\_\_\_\_\_** I **WILL** be available by phone @ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_** I **WILL NOT** be available by phone, please contact my emergency contact.  **\_\_\_\_\_** Please give care needed up to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Please do what is necessary at any cost. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency contact info: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is this person authorized to pick up your pet(s)? \_\_\_\_Yes \_\_\_\_No  Is anyone else authorized to pick up your pet(s)? \_\_\_\_Yes \_\_\_\_No Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Feeding Information:**   * How much do you feed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * How many times per day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Are you providing food?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Has your pet been fed today? Yes \_\_\_\_\_ No\_\_\_\_\_ * Is your pet on any medications? Yes\_\_\_\_\_ No\_\_\_\_\_ * Has your pet been given medication today? Yes\_\_\_\_ No\_\_\_\_ * Has your pet been treated for fleas in the last 30 days? Yes\_\_\_\_\_ No\_\_\_\_   Prescription medications to be given: (An additional charge for administering medications applies).  Medication 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provided by owner: Y / N  Medication 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provided by owner: Y / N  Medication 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provided by owner: Y / N    Please list any special accommodation requests or personal items left with pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Hospital Boarding Policies** |



Thank you for choosing our hospital to board your pet. We provide quality boarding with a personal touch. Every attempt will be made to give each pet individual love and attention during their visit with us. While staying with us your pet will be under the supervision of our Animal Health Technicians. Upon admission one of these professionals will provide your pet with a health examination. We strive to maintain a sanitary and healthy environment for our patients.

**Vaccinations:**

All pets must be up to date on their vaccinations, and it is the owner’s responsibility to make sure that proof of current shots is on file with the hospital at the time of admission. If vaccinations have been administered at another veterinary hospital and they are closed at the time of admission and proof of those vaccinations is not on file, the vaccines will be brought current at the time of admission and the client will be charged accordingly. Boarding animals less than five months of age is not recommended because they may not have developed complete immunity.

Dogs: DHLPP, Rabies, Bordetella, CIV

Cats: FVRCP and Rabies.

**Internal/External Parasites:**

All pets must be free of parasites, including fleas and ticks.

**Rates and Payment:**

Dog boarding rates are based on weight. Other services provided to your pet during boarding are charged at regular cost. Payment in full is expected when your pet is discharged. A deposit is required for first time clients and extended boarding. Boarding is charged by the number of days stayed, and charges are updated at closing time.

**Medical Illness Policy:**

One of the advantages of boarding your pet(s) at a Veterinary Hospital is that medical attention is readily available for our guests. If your pet needs medical attention we will call the emergency number that was given to us on admission. If we are unable to contact you, your pet will be treated as we deem necessary, at normal hospital fees. If your pet is currently on medication, please inform the receptionist. Charges for administering medications are based on the frequency of dosages and the means of administration.

**Personal Belongings:**

Leaving personal belongings, i.e.: toys, blankets, bedding, etc., is allowed but discouraged due to sanitation and orderliness requirements. If you have questions about this, please discuss with the admitting technician. The facility is not responsible for any items if lost or soiled. We will not keep personal leashes.

**Inherent Conditions:**

Occasionally pets may develop problems from environmental and dietary changes. Signs may include: vomiting, diarrhea, coughing, sneezing and self-trauma such as scratching or biting their skin. We take great care so that these problems won’t occur and we treat our guests promptly, if needed. However, please be aware and understand that these conditions can develop and that the hospital is not financially responsible for these inherent conditions, if they do occur.

**Abandonment:**

Please notify us if there is any change of plans in your pet’s scheduled release date. If you do not notify us of a change in your pet’s departure date and either we do not hear from you or are unable to contact you or your authorized agent for a period of 14 days after your pet’s scheduled release date, the Hospital will consider your pet abandoned according to the animal abandonment laws in your state. Please be advised that the pet owner will be responsible for the fees accrued and any other fees or legal services incurred by the Hospital as a result of the abandonment.

If you have any questions or problems, please call your caring VCA hospital staff. Thank you!

**This is to certify that I have read and understand the boarding policies and information on the second page of the form.**

Signature of Owner/Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_