



Boarding Admission Form

YOUR NAME: _____

PET NAME: _____

WHAT IS THE ANTICIPATED DATE OF ARRIVAL: _____

DATE OF DISCHARGE: _____

For the protection of our patients, Kindness requires boarding patients to be free of fleas and current on core vaccines as recommended by the American Animal Hospital Association (AAHA): (FVRCP and Rabies for cats and DA₂PP, Bordatella and Rabies vaccine for dogs).

Patients that have not had an approved flea adulticide treatment within an acceptable time period, or are found to have adult fleas, will be treated at the owner's expense.

CATS:

FVRCP*	Yes	Update
Rabies*	Yes	Update
FeLV vaccine	Yes	Update
FeLV/FIV test	Yes	Update
Fecal exam	Yes	Update

DOGS:

DHPP*	Yes	Update
Rabies*	Yes	Update
Bordetella*	Yes	Update
Lyme	Yes	Update
Lepto	Yes	Update
Fecal exam	Yes	Update
Heartworm	Yes	Update

FLEA/TICK PREVENTION

- Fipronil** (*Frontline, Pet Armor, Parastar, Certifect*)
- Imidicloprid** (*Advantix, Advantage, Advantage Multi*)
- Selamectin** (*RevolutionTM*)
- Vectra 3D/Vectra**

PLEASE LIST ANY MEDICATIONS THAT YOUR PET IS TAKING:

NAME	DOSE	FREQUENCY	RECEIVED TODAY
1. _____	_____	_____	YES NO
2. _____	_____	_____	YES NO
3. _____	_____	_____	YES NO

Feeding Instructions: _____ **Did you bring your pet's food?** YES NO

Are there any further treatments you would like to request?

BOARDING QUOTE: _____/night **Special medications:** \$10.50/day **Special diet:** \$3.25/day

Does your pet have an appointment for a professional grooming on the date of discharge? Yes No

I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff Veterinarians (to include emergency care and transport to an emergency facility) and I assume full responsibility for the treatment involved. If I neglect to pick up my pet within 5 days of the date above and do not notify you within that time frame, you may assume that the pet is abandoned and are hereby authorized to assume custody of the pet. I understand that on the day of discharge that the hospital staff will use its discretion as to whether my pet will need a bath. I realize that I am to assume the normal charge for this service.

Owner/Agent: _____

Date: _____

Emergency contact: _____

Emergency Number: _____