

OAKVIEW VETERINARY MEDICAL CENTER BOARDING ADMISSION FORM

OWNER/CLIENT: _____

Reserved Kennel Type: _____

PET NAME: _____

Additional Pet(s) boarding? Yes // No

ADMISSION DATE _____ **PICK UP DATE:** _____

Admitted By: _____

We may be reached at (name of hotel or person): _____

Number: _____

Emergency Contact (to be used if we can not contact you, and must be able to give permission for treatment):

Name: _____ Number: _____

Vaccinations current? YES // NO (Fill in expiration dates below – circle yes if all current and no if any need updated)

Canine:

Core (required): Rabies Exp. _____ DAPP Exp. _____ Bord-P Exp. _____

Non-core (optional): Lyme Exp _____ Lepto Exp _____ Heartworm Test Due Date _____

Feline:

Core (required): Distemper (Panleukopenia) Exp _____ Rabies Exp _____

Feline Upper Respiratory (Feline Herpesvirus / Calicivirus) Exp. _____

Non-Core (optional): Leukemia Exp _____

DIET: Own Food Clinic Diet (Please circle one)

How much: _____

How many feedings per day: Once Daily: AM PM / Twice Daily / Three Times Daily / Free Choice
(Circle One)

HEALTH CONDITIONS and MEDICATION(S): Condition / Medication Name and Directions: (Medication Log Required)

Medical Condition(s) _____

1. Medication Name: _____ Dose: _____ Frequency: _____

Has your pet been treated today? (Please circle one) YES NO

2. Medication Name: _____ Dose: _____ Frequency: _____

Has your pet been treated today? (Please circle one) YES NO

PERSONAL ITEMS:

Food Treats Blankets Rawhides Toys _____
(How many and description)

Collar and Leash _____ Other _____
(Description)

I am the owner (or agent of the owner) of the animal described above. I authorize and request you to hospitalize this animal for purposes of boarding. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, become ill, or die.

I also realize that for the protection of my pet and others' pets and the staff of Oakview, all pets are required to be current on vaccinations and free from external parasites at the time of hospitalization. I authorize Oakview Veterinary Medical Center to examine my pet for parasites and treat them if necessary and update their vaccinations if I do not provide proof of vaccination. I realize that I will be charged for these services if they are needed.

I understand that, should a life-threatening emergency arise, every reasonable effort will be made to contact me. If contact cannot be made, necessary steps will be taken to treat my pet, and I agree to be financially responsible for the cost of medical treatment.

Owner/Authorized Agent Signature

Date