

# ADMISSION FORM FOR BOARDING

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

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

Drop off date: \_\_\_\_\_ Pick up date: \_\_\_\_\_

**EMERGENCY PHONE NUMBERS:** (you and/or the person you authorize)

Name \_\_\_\_\_ Number ( ) \_\_\_\_\_ Name \_\_\_\_\_ Number ( ) \_\_\_\_\_

**Type of Flea Prevention you use:** Product \_\_\_\_\_ Date Given/Applied: \_\_\_\_\_

**Flea prevention is required every 31 days unless it is Bravecto which will be every 91 days**

**MEDICATIONS** are \$ 3.75 fee per day for oral and or simple topical medications. Please attach sheet for more if needed.

1. Drug: \_\_\_\_\_ Amount: \_\_\_\_\_ How often: \_\_\_\_\_ Last given: Day \_\_\_\_\_ AM or PM
2. Drug: \_\_\_\_\_ Amount: \_\_\_\_\_ How often: \_\_\_\_\_ Last given: Day \_\_\_\_\_ AM or PM
3. Drug: \_\_\_\_\_ Amount: \_\_\_\_\_ How often: \_\_\_\_\_ Last given: Day \_\_\_\_\_ AM or PM

\*\*\*Diabetic patients and those requiring fluid administration or nursing care do not fall under our usual medication charges.\*\*\*

\*\*Infirm pets as well as those in need of multiple meds or prolonged daily care may have additional charges. Please ask\*\*\*

**FEEDING INSTRUCTIONS** Last time fed was: This AM Last PM

1. Please feed. How often (check one) AM PM AM & PM
2. Please feed kind of food: (check one) Hospital food\*\* \_\_\_ Owner's food \_\_\_ Brand? \_\_\_\_\_
3. Please feed: (how much per feeding) \_\_\_\_\_ (check one) Cup(s) Bag(s) Scoop(s) \_\_\_ Can(s)
4. I have brought (brand) \_\_\_\_\_ treats, please give: How many? \_\_\_\_\_ How often? \_\_\_\_\_

\*\* Hospital Food = Prescription Royal Canine GI Low fat dry for Dogs and Royal Canine Satiety dry for Cats \*\*

**CANINE SUPERVISION** – our K-9 guests are taken out three to four times daily. If your dog has any special needs or considerations while being exercised, please define below. If your pet cannot be without DIRECT SUPERVISION in an outside run, please let us know. Knowledge of any quirks is also helpful, eg eating behaviors, people preferences  
**Special needs:** \_\_\_\_\_

**OTHER ITEMS** -all items left with your pet must be marked with your name, a complete description and listed below. **RETURN CANNOT BE GUARANTEED;** please ask for your items at discharge, if left all items, including food, will be donated to a local shelter. We provide bedding for all pets. Anything we find the pet tearing up will be removed from their quarters.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**BATH PRIOR TO PICK UP:** Stay 3-9 nights and receive 50% discount off baths (regular price \$28), stay 10 nights and receive a free bath upon request. If requested, your pet **can not be picked up any earlier than 4pm** the day of discharge

**DOGS ONLY Aggressive or difficult pets are not eligible for this service BATH= YES or NO**

**DOG WALKING:** A Daily 10 to 15 min one on one walk with one of our boarding technicians = **\$8 per walk YES or NO**

**If Yes- Start today – YES or NO How many walks per day ONE or TWO .**

**REQUIREMENTS:** All animals must be verifiably current on vaccines. If they are not current on vaccines and/or you have any concerns that you would like the doctor to address feel free to ask the receptionist. Vaccines will have to be given if not verifiably current! Normal fees will apply.

### Vaccines requirements for boarding at Chatham Animal Hospital

**Dogs:** DA2PP within 12 or 36 (if appropriate) months Bordetella within 6 months Rabies within NC State Law  
Intestinal Parasite Exam within 12 months

**Cats:** FDVCVR or CVR within 12 or 36 (if appropriate) months Rabies within NC State Law

I hereby agree to hold the Chatham Animal Hospital, Inc. and its staff blameless in the event of injury, escape or death.

I understand that any problem discovered while I am absent will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the expenses involved. If I fail to pick up my pet within 11 days of the pickup date listed at the top of the page and do not make arrangements agreeable to both parties, you may assume my pet is abandoned and are authorized to take whatever action is necessary in this case. THIS IS IN ACCORDANCE WITH STATE LAW 90-187.7. I understand that abandonment does not relieve me of my financial responsibilities, and all costs associated with housing my animals and all costs involved in securing payment.

We will not release your pet to anyone else, unless you authorize it ahead of time. You may release my pet to:

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

Phone: \_\_\_\_\_

**!!! I Have read and understood all items on this sheet !!!**