

Good Friends Animal Hospital

BOARDING ADMISSION FORM – Good Friends Animal Hospital

Owner(s) _____ Pet(s) _____

Date of admission _____ Expected Discharge Date _____ Discharge time _____

Contact name: _____ Phone number(s) _____

1. All dogs **must** be current on DA2P, Rabies and Bordetella (Canine Influenza is strongly recommended) unless there is a justified medical condition that prohibits vaccination AND it has been documented by a veterinarian; no exceptions. Proof of vaccine status is due upon drop off.
2. All cats must be current on core vaccinations (FVRCP and Rabies) unless there is a justified medical condition that prohibits vaccination and it has been documented by a veterinarian.
3. A negative fecal in the past 12 months must be recorded (proof due on drop-off). If overdue or if parasites are found on the pet during the stay, they will be treated as Dr. Norris determines, and the cost of the treatments included on the total bill. **INITIAL** _____
4. All animals must be up-to-date on flea prevention. **INITIAL** _____
5. If the pet is to be picked up by someone other than the owner, arrangements must be made with the hospital in advance. Please list the full name of agents other than yourself that are authorized to pick up your pet from the hospital or make decisions regarding the care and well-being of your pet while in our care:

Agent Name _____ Phone number _____

Please ensure that your designated agent is aware that you have given us his/her name and is willing and able to make decisions regarding the care and well-being of your pet. **INITIAL** _____

6. Due to the stress of boarding, some animals need medication to calm them. We try natural options first (CBD treats, Zylkene) but reserve the right to prescribe something stronger in the case of severe anxiety or aggression. Charges will be assessed as needed. **INITIAL** _____
7. All pets not picked up within 7 days after the expected date of pickup, without new provisions being made, will be considered abandoned and becomes the property of Good Friends Animal Hospital and will be handled according to our best judgment. **INITIAL** _____

PLEASE LIST ALL PERSONAL ITEMS LEFT AT THE HOSPITAL WITH THE PET
We assume no liability for lost or destroyed items during stay.

PLEASE LIST ALL MEDICATIONS INCLUDING DOSAGE AND FREQUENCY

1. _____ Last dose administered _____
2. _____ Last dose administered _____
3. _____ Last dose administered _____

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Good Friends Animal Hospital

FEEDING SCHEDULE

Brand of food (dry) _____ Amount and frequency _____

Brand of food (canned) _____ Amount and frequency _____

Treats _____

Please list any concerns to be addressed or services to be provided by the doctor during your pet's stay. (Vaccinations, lab work, nail trim, anal glands, bath etc.)

REGARDING A SANITARY BATH IF BOARDER URINATES/DEFECATES ON ITSELF:

We do our best to keep your pet clean. Sometimes, an animal gets dirty while boarding. Should that happen, my wishes are as follows:

_____ My pet can be bathed as needed before pick-up, should he/she need it. A fee of \$17.50 will be assessed.

_____ Do not bathe my pet, even if staff deems it appropriate.

REGARDING THE TREATMENT OF MY PET DURING ITS STAY:

If my pet becomes ill during its stay, I wish for the doctor to do the following (initial option):

_____ Treat my pet as needed. I understand the doctor will attempt to call me as soon as any problem is found, but I authorize immediate treatment and/or stabilization as needed. I am providing written authorization up to \$ _____. Any additional verbal authorizations will be confirmed by two staff members.

_____ Do not treat my animal until you have made contact with me. All verbal authorizations will be confirmed by two staff members.

Signature _____ Date _____

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Good Friends Animal Hospital to care for and treat said pet according to the above directives. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet.

Signature _____ Date _____

Witness _____ Date _____

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