

**Irondequoit Animal Hospital Boarding Admission Form**

**Pet's Name** \_\_\_\_\_ **Dates: Check in** \_\_\_\_\_ **Check out** \_\_\_\_\_

**Feeding Instructions**

Please Feed:  Food provided by kennel /  Food provided by owner (Type: \_\_\_\_\_)

Feed my pet:  Once a day /  AM or PM /  Twice a day  Three times a day /  Free Feed

How much my pet eats: Dry \_\_\_\_\_ Canned \_\_\_\_\_

Has your pet eaten today?  Yes /  No / Does your pet need to eat again today?  Yes /  No

Treats: How many? \_\_\_\_\_ Type \_\_\_\_\_

**Health Concerns**

**Would you like your pet to have a doctor's exam during his/her stay?**  Yes /  No

(Additional treatments, medications or vaccines, etc., will be an extra charge.)  Dr. \_\_\_\_\_ /  Any doctor

If there are any concerns, please note:

**Vaccines needed:**  DHLPP /  Lepto /  k9 kennel cough /  k9 influenza /  FVRCP /  FELV /  Rabies

**Other Services:**  Heartworm test /  Stool sample /  Senior bloodwork

**Does your pet have any pre-existing medical problems we should be aware of?**  Yes /  No

If yes, please explain:

**Has your pet been ill during the past 2-4 weeks?**  Yes /  No

If yes, please explain:

**Medications:** Is your pet on medication(s)?  Yes /  No

Has your pet received all of today's meds?  Yes /  No When does pet need next dose? \_\_\_\_\_

Name of medication \_\_\_\_\_ Directions: \_\_\_\_\_

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**Services**

**Bath** (includes nail trim)  Yes /  No **Nail trim**  Yes /  No **Anal Glands**  Yes /  No

**Grooming is available during your pet stay.** (It includes grooming, bath and nail trim.) If interested, please ask.

**Playtime\*\***  Yes /  No \*\*\*Rawhides/bones/toys may be given during playtime. I have brought and authorize staff to give during playtime. (Initial \_\_\_\_\_)

**Walks\***  Yes /  No **Please Select:**  1 walk per day /  2 walks per day /  3 walks per day

\*Walks are weather permitting and to the discretion of kennel staff.

\*\*Playtimes can be terminated at any time if pet is or becomes aggressive.

Office Use: CSR \_\_\_\_\_

Pet's weight \_\_\_\_\_

Estimate  Given /  Declined

Check-in Label

Stickers here

**Authorization For Treatment** For our boarding clients, proof of current vaccinations is required (rabies, distemper, kennel cough and k9 Influenza\* Vaccines) if proof is not presented at time of check in we will vaccinate and an exam fee will be charged along with the cost of any vaccines given.

If your pet becomes sick during his/her stay with us, a veterinarian will examine your dog or cat. , I give my permission for the staff to do whatever necessary for my pet's well being. Uncomplicated problems such as persistent diarrhea, abrasions from rubbing on cage doors and the like will be treated medically. Potentially more serious problems, (examples: failure to eat, persistent vomiting, inability to stand, difficulty urinating), may warrant diagnostic blood, urine tests, x-rays. The veterinarian will make every effort to contact you prior to treatment. I consent to these charges being added to my bill in the event I can not be contacted. If there are limitations to the care you wish us to provide your pet, please inform us before you leave your pet with us.

**Release Authorization**

If the situation appears serious enough, your pet may be taken to the Animal Emergency Service on East Henrietta Road for 24-hour care. Any costs incurred will be the responsibility of the pet owner. The undersigned acknowledges contracting for the above services and understands that he/she is responsible for all balances due upon discharge of the pet(s).

If someone other than the owner is to pick up a pet from boarding, please let us know when that pet is brought in. We will not release an animal to someone other than the owner without prior authorization from the owner.

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All pets must be picked up within 5 days of specified check-out date. All efforts to contact owner or agent will be made in a timely manner. Failure to respond and/or pick up pet(s) will result in facility protocol for abandoned animals.

*IN ORDER TO CONTROL FLEA INFESTATION, YOUR PET WILL BE CHECKED FOR FLEAS UPON ADMISSION. IF FLEAS ARE PRESENT, YOUR PET WILL BE TREATED WITH CAPSTAR AND ADVANTAGE, REVOLUTION OR FRONTLINE (AT THE DOCTOR'S DISCRETION) AT YOUR EXPENSE.*

I understand that the hospital is not staffed 24 hours a day and my pet will be unattended overnight.

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**BELONGINGS**

Due to the number of dogs & cats we accommodate & their belongings, we ask that you fill out a belongings form as completely as possible to help insure that we can return to you what you have brought in. **We cannot accept responsibility for the personal belongings that may become lost while your pet is boarding.** We do provide bedding (blankets, towel, etc.) in kennels for all pets during their stay. **If you still plan on leaving personal belongings please fill out the following form:**

**PLEASE PRINT**

**BEDDING/BLANKETS:** \_\_\_\_\_

\*\*\*Please note we will do our best in make sure your bedding comes back to you clean, however if you are leaving large/bulky beds with us our washing machine does not accommodate them so we are unable to wash them. Please let us know if your bedding is not able to go through a washing machine/dryer.

**TOYS:** \_\_\_\_\_

**LEASH AND OR CARRIER:** \_\_\_\_\_

**MISC.:** \_\_\_\_\_

**Best Phone Number to Contact You:** \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Regular Vet and Veterinary Hospital** \_\_\_\_\_

I am authorizing staff to contact them and receive information from my account if needed.

**By signing this I consent to all above statements**

**Signature:** \_\_\_\_\_

**THANK YOU!!!**