

Trinity Animal Hospital Boarding Admission Form

Owner: _____ Home Phone: _____ Cell Phone: _____
Pet: _____ Breed: _____ Age: _____ Sex: _____ Color: _____

Read and sign below

I understand that in order for my pet to board here at Trinity Animal Hospital he/she **must be current on required vaccines**. If vaccines were given elsewhere I have provided the necessary documentation including current rabies vaccine administered by a licensed veterinarian. If <animal> is in need of any vaccinations required for boarding, <animal> will be given such vaccines upon entry at my expense.

I understand that in order for my pet to board here at Trinity Animal Hospital he/she **must be protected against communicable diseases and must be free of internal and external parasites**. If <animal> is in need of treatment <animal> will be treated upon entry to the facility or upon discovery at my expense.

I understand and will not hold Trinity Animal Hospital responsible for stress related conditions or communicable diseases which may be unavoidable in boarding kennels, such as, but not limited to; weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand that Trinity Animal Hospital takes all necessary precautions and steps to prevent any health problems from affecting <animal> but cannot guarantee his/her health. I understand that in the event of a serious illness or injury, the staff of Trinity Animal Hospital will immediately attempt to contact me, however I will assume full responsibility for medical expenses incurred if I cannot be reached in a timely manner.

I understand that Trinity Animal Hospital is not responsible for lost or damaged personal items left with <animal> including but not limited to bedding, toys, and collars.

I agree to contact Trinity Animal Hospital immediately if my "pick-up date" changes so that Trinity Animal Hospital can plan accordingly. If I neglect to pick up <animal> within 5 days of the scheduled date, and make no attempt to contact the hospital within that time period, it will be assumed that <animal> is abandoned and Trinity Animal Hospital is hereby authorized to assume ownership and make any necessary decisions forthwith.

Veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

I have read and understand the above release requirements. I understand that any further information that I require may be obtained from the staff members at Trinity Animal Hospital. I also verify that the information listed above regarding myself and <animal> is true and correct.

X _____ Date _____

Please initial one of the following options

In the event of an emergency:

____ Please treat my pet as required, you do not need to call me.

____ Perform only emergency and supportive care. Notify me for permission to begin any further treatment.

____ **DO NOT** perform any diagnostics and/or treatment until I am notified and give you consent to evaluate and treat as recommended.

Please fill out the following information

Emergency Contact: _____ Phone: _____

Date/Time In: _____ Pick-up Date/Time: _____

Check all that apply and provide details

____ Medical Condition: _____

____ Special Needs: _____

____ Prescriptions: _____

____ Prescriptions: _____

____ Other: _____

____ Other: _____

Fill out the following information

Feed <animal> _____ cups _____ times a day

Other Feeding Instructions: _____

Other Feeding Instructions: _____

____ Ok to give treats ____ Ok to give canned food ____ Ok to allow <animal> to play with other appropriate pets

List all personal belongings provided for <animal> including description and food

Staff Use Only

Date	Food	Water	BM/Urine			Prescription	Notes		
	AM:	AM:	/	7AM	/	1PM	/	7PM	Wt. check: <input type="checkbox"/> _____ AM: <input type="checkbox"/> PM: <input type="checkbox"/> AM: <input type="checkbox"/> PM: <input type="checkbox"/>
			/	8	/	2	/	8	
			/	9	/	3	/	9	
	PM:	PM:	/	10	/	4	/	10	
			/	11	/	5	/	11	
			/	12	/	6	/	12	
	AM:	AM:	/	7AM	/	1PM	/	7PM	Wt. check: <input type="checkbox"/> _____ AM: <input type="checkbox"/> PM: <input type="checkbox"/> AM: <input type="checkbox"/> PM: <input type="checkbox"/>
			/	8	/	2	/	8	
			/	9	/	3	/	9	
	PM:	PM:	/	10	/	4	/	10	
			/	11	/	5	/	11	
			/	12	/	6	/	12	
	AM:	AM:	/	7AM	/	1PM	/	7PM	Wt. check: <input type="checkbox"/> _____ AM: <input type="checkbox"/> PM: <input type="checkbox"/> AM: <input type="checkbox"/> PM: <input type="checkbox"/>
			/	8	/	2	/	8	
			/	9	/	3	/	9	
	PM:	PM:	/	10	/	4	/	10	
			/	11	/	5	/	11	
			/	12	/	6	/	12	

Owner: _____ Home Phone: _____ Cell Phone: _____

Pet: _____ Breed: _____ Age: _____ Sex: _____ Color: _____

Date/Time In: _____ Pick-up Date/Time: _____

Date Given	Due Today	Date Given	Due Today	Date Given	Due Today
	FVRCP		DA2PPv		Lepto
	Leukemia		BORD/Flu		Lyme
	Fe Rabies		K9 Rabies		Rattlesnake

Needed or Requested Services for <animal> at an additional charge

- | | | |
|----------------------|--------------------------|-------------------------------|
| _____ Wellness Exam | _____ Comprehensive Exam | _____ Bath/Brush |
| _____ Fecal | _____ Dental | _____ Nail trim |
| _____ Heartworm Test | _____ Spay/Neuter | _____ Medications to be given |
| _____ Urinalysis | _____ Other _____ | |

I agree to the above requested services and assume full responsibility for the fees incurred for the treatment of my pet. X _____ Date _____

Trinity Animal Hospital
Belongings Inventory List

Client: _____

Date: _____

Phone: _____

Pet: _____ Breed: _____ Age: _____ Sex: _____ Color: _____

Belongings	Quantity	Size	Color	Staff Initial In	Staff Initial Out
<i>Bedding</i>					
<i>Carriers</i>					
<i>Food, Treats or Bowls</i>					
<i>Toys</i>					
<i>Current Medications</i>					
<i>Medications Prescribed During Stay</i>					