Boarding Admission Form

For Office Use Only							
Admitted By:	Date:	Discharged By:	Date:				



Client's Name:		Phone Number:				
Patient's Name:						
Date of Drop Off: Time	e:	Date of Pi	ck Up:		Time:	
Emergency Contact's Name:		Phone N	Number:			
• Loose	ceed until we e able to trea on "emergence stools or diatipation or stricting	e are able to reach at him or her und cies" we see in pe	you?: til we are able to g ts who are boardin	If yo	ou do not put an amount and	
	Feedi	ng Instru	ctions			
We highly recommend bringing along your pet's and decrease the chances of stress colitis. If it is n Purina EN food for both dogs and cats, if we have the following information to ensure	ot possible (ove to feed our	or enough food is food, a \$3.00 ch	not supplied) we d arge will be added	o provide a bl I to your bill f	and GI diet. Currently, we use for each night. Please fill out	
Did you pack your own food for your pet?:	Yes	or	No			
If you packed your own food, is it wet or dry?:		Wet	Dry	Both		
How much do you feed your pet?:	,		_ times a day. Or ci	rcle:	Free Feed	
If your pet needs medications given while they are medications your pet takes along with how often a	boarding, a	_	l be added to your			
Sı	pecialty	y Care In	structions			

I understand and agree that my pet must be up to date on the vaccinations required by this hospital (or will be vaccinated while they are here at my expense). Vaccinations needed are: Rabies, Distemper, and Bordetella, along with a stool sample. If my pet needs any vaccines, I allow a doctor to perform an examination prior to any injection. I am also aware that the Bordetella vaccination helps in the prevention of kennel cough; however, it does not guarantee that my pet will not contract kennel cough while boarding at this facility, and the treatment of this infection will be at my own expense.

I understand that boarding special needs pets, puppies, or senior pets leads to having a higher risk of injury, stress-related illness, or exacerbation of any pre-existing conditions. As such, by boarding my special needs pet, I am waiving any claim for injury or illness experienced by my pet while he/she is in the care of Northside Pet Hospital.

Unfortunately, aggressive animals cannot be boarded at this facility. I understand that if my pet is aggressive, I will have to pick them up immediately. Failure to do so will result in minimal care and additional charges.

Signature:	Date: