

# Boarding Admission Form

Account #: \_\_\_\_\_

The best care of your pet while they are boarding with us is very important. Please take a few minutes to fill out this form so we can be certain they are receiving any special medications, diet, or other treatment needed during their stay.

First & Last Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

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

### Feeding Instructions:

**Food:** Own or Acredale's: \_\_\_\_\_ Amount to feed: \_\_\_\_\_ Frequency: \_\_\_\_\_

Can treats be given? (please circle one) YES or NO Last time fed: \_\_\_\_\_

Any known food allergies? \_\_\_\_\_

Medication: Does your pet require any medications or treatments? No \_\_\_ Yes \_\_\_ If yes, please list.

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Time Last Administered</u>
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**On Sundays and holidays, medications will be given a maximum of twice daily.**

Any medications filled or other services needed while here? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes please explain.

### Boarding policies (please initial):

\_\_\_\_\_ **Belongings:** We do not place personal items such as blankets, towels or toys in with your pet. We cannot always supervise all pets so we do not feel comfortable leaving them with chew toys. Milkbones and other food treats are acceptable. Your pet will be provided with fresh linens at least once daily or more often as needed.

\_\_\_\_\_ **Medical Care:** If our boarding staff observes your pet having any problems while here it will be brought to the attention of a doctor. One of the most common illnesses encountered while boarding is diarrhea. This can develop from changes to your pets diet, stress, or even drinking water that is different from their own. Most of these cases are self-limiting and do not require veterinary care. If your pet develops diarrhea while boarding, they will be given a probiotic supplement, with an additional cost of \$7-10. If necessary, your pet will be examined by a doctor and appropriate treatment and diagnostics initiated. We will attempt to contact you when possible before performing diagnostic tests. You will be financially responsible for any medical treatment or diagnostics performed on your pet while they are boarding, including additional hospitalization charges if the patient is considered critical.

\_\_\_\_\_ **Parasite Prevention:** A negative fecal exam within the previous 12 months is required for boarding. If your pet is found to have any fleas we will administer capstar, and/or apply Advantage, depending on the severity of condition.

**Please indicate by your signature that you have read and understand the above information.**

Signed: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_