



Arrowhead Veterinary Clinic

Boarding Admission Form

Date/Time Admitted _____ / _____ Pick-Up _____ / _____
 Staff _____

Client _____ 1. Pet
 Name _____

Address _____ 2. Pet
 Name _____

City/State _____ 3. Pet
 Name _____

EMERGENCY CONTACT INFORMATION:

Owner Name: _____ Phone 1: _____ Phone 2: _____

Local Agent: _____ Phone 1: _____ Phone 2: _____

Feeding Instructions

- Arrowhead provides Science Diet Sensitive Stomach food for Dogs/dry food for cats.
- Owner Provided: Name: _____ # of Meals/day One Two
 Amount fed per meal: (cans/cups) _____
- Additional instructions: _____

Medication Admin.

(\$2/day additional fee)

Drug Name _____
 Instructions: _____
 Drug Name: _____
 Instructions: _____
 Drug Name: _____ Instructions: _____

Boarder Belongings: Leash Collar Carrier Bedding: _____ Toys: _____

Other: _____

Current Known Medical Problems:

PRE-ADMISSION CHECK: (to be completed by staff)

Client Complaints:

Boosters Needed: Rabies _____ Bordetella _____ DHPPL _____



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PRCP _____ FeLeuk _____ Lepto _____

Laboratory Needed: Heartworm Test _____ FeLeuk Test _____
Fecal _____
Other _____

Medical Procedures requested during boarding:

Neuter _____ Spay _____ Declaw _____ Dental _____

Other _____

Do you want a bath at the end of stay? (\$20 Additional Fee) Yes No (if YES, Pick-up after 4pm)

Additional Services Request: Please note if you would like any additional services for your pet while staying with us, these services are provided at additional cost.

SEE REVERSE FOR AUTHORIZATION

AUTHORIZATION:

Pick-up Times: Boarders are released ONLY during our normal office hours. We will NOT release a pet before or after our normal office hours or on days when we are closed (i.e. Sundays & Holidays). If you have requested to have your pet bathed at the end of their stay, please pick your pet up after 4pm to allow for adequate drying time.

_____ INITIAL HERE TO INDICATE YOU UNDERSTAND OUR PICKUP TIMES

Vaccination/Parasite Control Requirement: For your pet's protection, proof of current vaccination is required at the time you drop-off your pet. It is the policy of Arrowhead Veterinary Clinic that all dogs boarding with us are current on Rabies, Distemper Virus, Parvovirus & Bordetella vaccinations, and that all cats are current on Rabies and FVRCP vaccination. If this information is not provided at the time you drop off your pet, your pet will be vaccinated immediately following a complete physical examination by one of our veterinarians at an additional cost to you. In order to maintain a flea-free environment for all of our guests, all pets that arrive for boarding will be treated with Capstar at an additional cost unless you recently applied prescription flea control to your pet. Please indicate below:

Name of product applied: _____ Date of application: _____
(if your pet has live fleas, additional flea control will be administered at your expense, regardless of when recent product was applied)

_____ INITIAL HERE TO INDICATE YOU UNDERSTAND OUR VACCINATION/PARASITE CONTROL REQUIREMENT



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Boarder Belongings: Boarding guests are welcome to bring toys or blankets. Although we make every effort to care for these items, Arrowhead Veterinary Clinic cannot be held responsible for belongings that are lost or damaged. We provide clean, comfortable bedding and toys for our boarding guests.

_____ INITIAL HERE TO INDICATE YOU UNDERSTAND OUR BELONGINGS REQUIREMENT

SIGNATURE:

I am the owner or agent for _____ and I have the authority to execute this consent. I authorize Arrowhead Veterinary Clinic to administer services and treatments noted above while my animal is being boarded. I understand that Arrowhead Veterinary Clinic does not provide 24 hour supervision and that medical supervision is available only during normal office hours. I authorize the veterinary staff at Arrowhead Veterinary Clinic to treat my pet if it should become ill while boarding until I can be reached and to do whatever is necessary should an emergency situation arise. I authorize outdoor leashed walks for my pet and exercise in a fenced yard. I have read and I understand the policies stated above and understand that payment is due at the time of pick-up.

Signed (Owner/Agent) _____ **Date** _____