



Owner:

Patient:

DATE:

**BOARDING ADMISSION FORM**

**EMERGENCY CONTACT INFORMATION:**

Owner Name:

Phone 1:

Phone 2:

Email Address:

Agent:

Agent Phone:

**Feeding Instructions:** Number of Meals/day:  One  Two

Amount fed per meal:(cans/cups)

Arrowhead Vet provides Science Diet Sensitive Stomach food for Dogs AND Science Diet dry food for cats.

Owner provided food: Brand:

**Medical problems being treated:**

**Medication Administration** (additional fee)

Drug Name:

Instructions:

Drug Name:

Instructions:

Drug Name:

Instructions:

**Are there any behaviors we should be aware of:**

**I UNDERSTAND that my pet(s) must be up to date on all vaccinations required for boarding at ARROWHEAD VETERINARY CLINIC prior to their boarding stay.**

**REGARDING THE MEDICAL TREATMENT OF MY PET DURING THIER STAY:** I understand that the doctors and staff at Arrowhead Veterinary Clinic will use the information provided on this form to call, text, and email to try to contact me if my pet develops illness or injury.

**If my pet needs medical care:**

a)  Treat my pet as needed. Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet. Choose One:

1)  In life-threatening situations, I do not want my pet euthanized regardless of state of health or pain and suffering. I understand that the veterinarians at Arrowhead Veterinary Clinic may not be successful keeping my pet alive until I return home. I accept full financial responsibility for all charges related to the treatment of my pet(s).

2)  Should the veterinarian determine that my pet require extensive measures to maintain life or is undergoing needless pain and suffering, I request that they euthanize (put to sleep) my pet. I understand the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet.

3)  If my pet has a medical illness or injury that the veterinarians at Arrowhead Veterinary Clinic feel should be treated and managed by a specialist or a 24-hour emergency center, I would like my local agent to be contacted to pick up my pet for transfer to my primary care veterinarian or to Oklahoma Veterinary Specialists in Jenks, Oklahoma.

**Signature:**

**Date:**

b)  Treat my pet as needed, up to \$100 (minimum) \$250 \$500 \$1000. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I understand that if the veterinarians at Arrowhead Veterinary Clinic feel that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, the veterinarians are authorized to euthanize (put to sleep) my pet. I will be responsible for all charges accrued during that time period.

**Signature:**

**Date:**

c)  I decline any treatment for my pet. I understand that this may leave my pet in a state of untreated pain and suffering and could result in death. I understand that the veterinarians at Arrowhead Veterinary Clinic feel that my pet is undergoing needless pain and suffering due to the lack of medical care, the veterinarians are authorized to euthanize (put to sleep) my pet. I will be responsible for all charges accrued during that time period.

**Signature:**

**Date:**

Date

Owner:

Patient:

**Additional Services Request:** Please note any additional services for your pet are provided at an additional cost.  
 CHECK HERE TO INDICATE YOU UNDERSTAND REQUESTED SERVICES ARE ADDITIONAL COSTS

**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.

CHECK HERE TO INDICATE YOU UNDERSTAND OUR PICK-UP TIMES.

**Vaccination/Parasite Control Requirement:** For your pet's protection, proof of current vaccination is required at least 2 weeks before 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, Leptospirosis, Bordetella, and Influenza vaccinations, and that all cats are current on Rabies and FVRCP vaccination. 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 admission to boarding and at discharge.

CHECK HERE TO INDICATE YOU UNDERSTAND OUR VACCINATION/PARASITE CONTROL REQUIREMENT AND THAT YOU UNDERSTAND THAT ADDITIONAL FLEA CONTROL WILL BE ADMINISTERED AT YOUR EXPENSE.

**FOR PETS UNDER 22 WEEKS OF AGE:** I UNDERSTAND that my pet(s) is(are) too young to have received all their puppy/kitten vaccinations before boarding and are at increased risk of contracting contagious disease while boarding (compared to a well-vaccinated adult pet). I ALSO UNDERSTAND that diseases that pets are vaccinated for are potentially life-threatening.

**Signature:****Date:**

**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.

CHECK HERE TO INDICATE YOU UNDERSTAND OUR BELONGINGS POLICY.

REGARDING THE MEDICAL TREATMENT OF MY PET DURING ITS STAY: I understand that the doctors and staff at Arrowhead Veterinary Clinic will use the information provided on this form to call, text, and/or email to try to contact me if my pet develops illness or injury.

My primary care veterinarian is: \_\_\_\_\_ In the case of illness or emergency, a staff member from Arrowhead Veterinary Clinic will try and contact you and your local agent.

In the case of illness or injury, I would like my local agent to be contacted to pick up my pet for transfer to my primary care veterinarian:    Yes            No

If my primary care veterinarian or my local agent cannot be reached, I authorize one of the veterinarians at Arrowhead Veterinary Clinic to evaluate my pet:    Yes            No

**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 \_\_\_\_\_ 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. For dogs, I authorize outdoor leashed walks for my pet and exercise in a fenced yard. For cats, I authorize free time outside of boarding cage for exercise. 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:**