



BOARDING ADMISSION FORM

Owner's Name: _____ Date: _____

Pets name: _____ Breed: _____ Age: _____ Sex _____ Color: _____

	<u>Cats</u>		<u>Dogs</u>	
Vaccination History:	<u>Current</u>	<u>Update Today</u>	<u>Current</u>	<u>Update Today</u>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

New Boarders:

- Is your pet on heartworm preventive? Yes No
- Has your pet had a negative intestinal parasites test in the last 12 months? Yes No
 - If no or has had a positive test, an additional test will be required for stay
- Has your pet had any illness or injury in the past 30 days? If so, what? _____
- Is your pet allergic to any drugs? If so, what? _____
- Any vomiting, coughing, sneezing or diarrhea? _____

Repeat Boarders:

Any changes to prior medical history? _____

All Boarders:

- Is your pet on any medication? Yes No
 - If yes, what? _____
- Current Diet: _____
- Select One: Feed Westwood Pet Care Kennel Food Brought Own Diet
- Special Feeding Instructions: _____

If evidence of fleas are present, prevention will be administered. There is a fee charged for this service.

Pick Up Date and Time: _____ : _____ AM PM

Owner/Agent Initial: _____

Pet's Name: _____

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

- **Dismissal Bath (performed MON-FRI)** Yes No
- **Medication Administration** _____ Times/Day
- **Extra Playtime** Yes No

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

- Physical Exam
 - Specific Problem: _____
- Fecal Exam
- Heartworm Test
- Update Vaccinations As Above
- Other: _____

Special Notes And / Or Instructions:

Owner/Agent Initial: _____

Pet's Name: _____

OWNER RELEASE

I understand Westwood Pet Care cannot guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

I understand that in the event my pet has an illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until me or my agent can be reached.

If any problem is observed or develops:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of my pet in accordance with applicable laws.

I have been provided with a copy of the boarding policy explaining boarding policy and regulations.

I understand there is an additional charge for any pet deemed aggressive during the boarding period.

Date: _____ Owner / Agent Signature: _____

Name & phone numbers of responsible party or parties to be reached in an Emergency:

Admitting Technician Initials: _____

Owner/Agent Initial: _____