

Boarding Admission Form

BOARDING LABEL HERE

Date Arrive: _____ Weight: _____

Cage Size: Run Large Medium Cat Other

Date Leave: _____

Pickup: 8:30-12:00 12:00-5pm 5-8pm Sunday 4-5pm

Estimate: Given Declined

Authorization For Treatment

If my pet should become ill & requires surgical or medical treatment, I give my permission for the Irondequoit Animal Hospital to do whatever necessary for my pet's well being. I also give my permission to vaccinate my dog/cat if he/she is over due for distemper or rabies. I understand that vaccinations will be given if there is no written proof of prior immunizations.

Kennel Cough

(Infectious Tracheobronchitis)

Viral & bacterial agents responsible for Kennel Cough can invade even the cleanest boarding & hospital facilities. Healthy appearing dogs can be carriers and, once in a facility, the infectious agents can spread quickly by airborne transmission. **We require annual vaccination with Kennel Cough Vaccine for our boarders, and further suggest vaccinating every six months for those dogs that are boarded with any regularity.**

Fleas

To protect our boarders, patients and facility from flea infestation, if any boarder checking in with us is found to have fleas, it will be given a dose of Capstar at a cost of \$8.00. Capstar is a tablet that when ingested, kills all biting fleas within one hour.

Special Instructions For Your Pet During His/Her Stay with us. Please feel free to bring any treats or snacks for your pet in properly labeled containers. There will be additional charges for pets requiring special diets not supplied by the client. (Such as: prescription foods)

Diet: Brought Own _____ Use Hospital Provided Food
 Dry Canned Both

Frequency: Amount to be fed at feeding _____
 Once a day Twice a day Three times a day Free Feed

Medications: _____ Once a day Twice a day Three times daily
 Brought own _____ Once a day Twice a day Three times daily
 None _____ Once a day Twice a day Three times daily

Note: There is an additional charge for giving medications depending on the frequency. More complicated cases, such as diabetic patients, will be charged at a higher treatment rate. Please ask your doctor if you have any questions about treatment charges.

Authorization for other services: Please indicate which of the following services you wish for your pet during his/her stay with us.

Physical examination by Dr. _____ Any Doctor available
 Vaccinations: Rabies* DHLPP or Lepto* Canine Kennel Cough* FVRCP* FELV
* these vaccinations or written proof of, are required at check-in for your pet's and our other boarder's protection.
 Fecal test & treatment with appropriate worm medication if necessary
 Heartworm blood test Heartworm med dispensed Type: _____ Amount _____
 Bath Regular (includes nail trim)
 Regular plus does of flea preventative: Advantage Frontline Revolution Sentinel
 Nail Trim Only
 None of the Above

Additional requests or instructions _____

Signature: _____ Date: _____

Emergency Phone Number (required): _____

Description of any personal items** brought: _____

****Note on personal belongings:** We cannot accept responsibility for leashes, collars, toys, blankets, kennel carriers, etc that may become lost while your pet is boarding. If you choose to leave such items, we will make every attempt to keep them safe with your pet and return them to you, however, on occasion these items do get lost or misplaced. Therefore you are leaving them at your own risk. Blankets and beds may become soiled, while we will make attempts to clean such items if possible, size or pick up time may be restrictive and they may go home soiled.

Authorization to walk dog outside

I request that my pet be walked outside while boarding. I will not hold Irondequoit Animal Hospital and/or its employees responsible if anything should happen to my pet while being walked outside. I understand that there is no enclosed walking area and escape is possible. There will be an additional fee for walking my pet outside as follows:

2 times a day -- \$5.00 per day plus tax

3 times a day -- \$6.00 per day plus tax

Signed _____

Authorization for Playtime

I request that my pet have Playtime. I understand that my pet will be played with for either twice (2 - 15 minutes sessions) or three (3 - 10 minute sessions). I understand the charge for this is \$8.00 a day plus tax.

2 times a day

3 times a day

Signed _____