

# BOARDING FORM

Admitting Attendants: \_\_\_\_\_ / \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ (M or F) Date in: \_\_\_\_\_ Date out: \_\_\_\_\_ AM or PM (circle)

In an emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Checklist:

Current on vaccinations? Yes No Please do: (Canine) PE RV DHPP LEPTO CBOR HWT FFT TAG  
NT AG INFLUENZA PROHEART BATH

Dr Preference \_\_\_\_\_

(Feline) PE FRV FVRCP FELEUK FFT  
FIV/FELV TEST NT

\_\_\_\_\_ I give approval to do the services circled above \_\_\_\_\_ I prefer to wait on services circled above not yet due

Current on FFT? Yes No (Must have a negative fecal test within the last 6 months.  
If fecal is positive your pet will be treated properly.)

Is your pet treated for fleas/ticks? Yes No (If fleas/ticks are seen on pet(s) while boarding, the pet(s) will  
be treated at owners expense.)

Other Concerns: \_\_\_\_\_

Care for Multiple Boarders from Same Household  
Board Together \_\_\_\_\_ Eat Together \_\_\_\_\_ Outside Play Time Together \_\_\_\_\_

## HAPPY CAMPER PACKAGE

### CANINE

- Composure Chew \$4/day
- Composure Chew w/Probiotic \$5/day
- Extra Personal Time \$5/day as requested

MON \_\_\_ TUES \_\_\_ WED \_\_\_ THUR \_\_\_ FRI \_\_\_

Frozen Kong Treat \$3/day Peanut Butter \_\_\_\_\_

MON \_\_\_ TUES \_\_\_ WED \_\_\_ THUR \_\_\_ FRI \_\_\_

### FELINE

- Zylkene Capsule \$4/day
- Zylkene Capsule w/Probiotic \$5/day
- Extra Personal Time \$5/day as requested

I understand that if a medical concern is detected, all attempts will be made to contact the owner and/or the emergency contact for authorization. However, if no one can be reached, I authorize Northrock Hospital for Animals to provide medical care deemed necessary as determined by the veterinarian on duty. I also understand that I will be financially responsible for any such care. \_\_\_\_\_ (Initial)

If unable to be reached at the number given, I do not allow NRHA to treat my pet(s) except in an emergency situation. \_\_\_\_\_ (Initial)

I understand if fleas /ticks are seen on my pet(s) while in NRHA's care my pet(s) will be treated with the proper medication. \_\_\_\_\_ (Initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

