

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

Probiotic \$3/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

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: _____