

## Boarding Admission Form

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

Owner's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species: DOG or CAT Sex \_\_\_\_\_ Neutered: Yes or No

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date or Age \_\_\_\_\_

Is your pet microchipped? Yes No # \_\_\_\_\_

**Is your pet on monthly flea and tick control?** Yes No

(please note that if your pet has fleas/ticks upon check-in, preventative will be applied to your pet at your expense.)

1. **Phone number where YOU can be reached while you're away:** \_\_\_\_\_

2. Name and phone number of Emergency Contact: \_\_\_\_\_

(person who can make medical decisions for you if you are NOT available)

3. Is any other person authorized to pick up your pet(s)? \_\_\_\_\_

4. **Vaccines:** If your pet does not receive his/her vaccines at this facility, you must show documentation that verifies current vaccinations. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. If this is not possible, vaccines and physical exam, when appropriate, will be administered at the Animal Hospital of Orleans and will be added to your bill.

	<u>Vaccine</u>	<u>Date Expires</u>	<u>Date Expires</u>
Required:	1. Rabies	_____	_____
	2. Distemper	_____	_____
	3. Bordetella (Kennel Cough)	_____	_____
Strongly Recommended:			
	1. Leptosporosis (dogs only)	_____	_____
	2. Canine Influenza (dog only)	_____	_____

5. **Diet:** At the Animal Hospital of Orleans, we feed Hill's Science Diet Maintenance. We will gladly feed food brought from home at no add'l cost. If your pet requires a prescription diet there is an extra charge. Please indicate the type of food to be fed and specify whether your pet eats dry food only, canned food only, or both and how many times per day.

Type of Food

Dry (cups)

Canned

Times per day

6. **Pre-existing physical or medical problems:** Please list any pre-existing physical or medical problems with your pet and the dates they occurred.

## Boarding Policy

A. I am aware that all animals entering the Animal Hospital of Orleans Boarding Kennel must be current on all required vaccines and be free from internal and external parasites. If these conditions are not met, the appropriate services will be provided and I will be charged accordingly.

B. I am aware that my pet(s) will be released only during regular office hours and payment in full is required at that time.

C. A 50% deposit is required for any boarding over two weeks.

D. If a tranquilizer is necessary for treatment or handling of a pet, the Animal Hospital of Orleans has my permission to administer such medication. A complete physical exam will take place before a tranquilizer is administered and I will be charged accordingly.

E. I have been informed that the Animal Hospital of Orleans is not staffed 24 hours a day.

F. The Animal Hospital of Orleans is not responsible for items accompanying my pet that are lost or destroyed while boarding.

G. The Animal Hospital of Orleans is not responsible for any accidental injury to my pet while boarding such as, but not limited to, cuts, sprains, etc...

H. I am aware that though all pets are current on vaccination in order to board that a vaccine does not always equal 100% protection. I know that there is a risk of exposure to Kennel Cough (Bordetella) by having my pet in a kennel and I am responsible for the cost of treatment if needed.

I. If I neglect to pick up my pet and do not notify the kennel within 5 days from the scheduled pick up date, The Animal Hospital of Orleans may assume the pet is abandoned and is authorized to start the process of transfer of ownership of the pet as they deem necessary according to Massachusetts State Law.

## CONSENT FOR MEDICAL SERVICES

One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. In the event that a medical evaluation is necessary during boarding, the Animal Hospital of Orleans will make every effort to contact you or your designated emergency contact. In the event that you or your emergency contact cannot be reached, it would be helpful to know how you would like us to proceed in caring for your pet. Please indicate your wishes below should your pet require treatment or diagnostics for a medical condition.

PLEASE CHOOSE **ONE** OF THE FOLLOWING OPTIONS:

\_\_\_\_\_ It is NOT necessary to contact me first, please have my pet seen by one of the AHO veterinarians. Proceed with all recommended medical care.

\_\_\_\_\_ Try to contact me and/or my emergency contact. In the event that neither of us is reachable, do whatever treatment is reasonable to keep my pet stable until you are able to reach me or my emergency contact.

If tests, treatments, evaluations, or observations are needed that extend beyond what AHO veterinarians and staff are able to provide, recommendation for further medical attention at a 24 hour veterinary facility will be given.

Owner is responsible for any expenses incurred due to consult, exam, diagnostics, medication, or other medical procedures performed at the Animal Hospital of Orleans or another facility.

OPTIONAL:

\_\_\_\_\_ At the discretion of the veterinarian in charge of my pet's care, if my pet is suffering and/or has lost all quality of life, I hereby authorize and request humane euthanasia for my pet.

\_\_\_\_\_ Hold remains until I return

\_\_\_\_\_ Private cremation, have ashes returned to me

\_\_\_\_\_ Group cremation

Please Initial Below:

\_\_\_\_\_ I authorize my emergency contact to transport my pet to a 24 hour veterinary facility at the discretion and recommendations of the veterinarians at AHO. If my emergency contact is not available, I authorize the staff at AHO to perform the transport.

\_\_\_\_\_ I agree to be responsible for all costs and charges associated with treatment at AHO and those incurred with care outside of AHO.

**By signing below, I acknowledge that my pet has not bitten anyone within the last 10 days. I also acknowledge that I have read and understand the boarding requirements and the Animal Hospital of Orleans policies listed above.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for allowing us to care for your pet!