**Boarding Admission Form**

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| --- | --- | --- | --- |
| Client ID: |   | Patient ID: |   |
| Client Name: |   | Name: |   |
| Address: |   | Species: |   |
|  |   | Breed: |   |
|  |  ,   | Sex: |   |
| Telephone: |   | Color: |   |
|  BirthDate: |  Pets Veterinarian: Phone: |

1.  **Is your pet on monthly flea and tick control?**  Yes No **Which one**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of last application**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 **Can this number receive text messages? Yes No**

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

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

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

5.  **Vaccines:** All pets must have current vaccines for rabies, distemper, bordetella and canine influenza 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 prior to boarding for his/her protection. Any pet not current at time of drop off will not be allowed to board and will have to make alternate arrangements.

6. **Fecal Test:** As of January 1, 2022 we will require a negative fecal test with giardia within 6 months of boarding/daycare for all pets. If your pet is not a client at The Animal Hospital of Orleans you will be required to provide documentation verifying of a negative fecal with giardia test.

STAFF USE ONLY:

|  |
| --- |
| VACCINES AND FECAL CHECKED BY KENNEL STAFF: Date and initial before each reservation  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

7. **Diet:** At the Animal Hospital of Orleans, we supply Hill's Science Diet Maintenance dry kibble only. We do not supply prescription diets. If your pet is on a prescription diet you will be required to provide it. We recommend all pets come in with their food to help keep digestion regular .

Please indicate below the brand 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. (All canned food must be supplied from home)

 **Brand of Food** **Dry (cups)** **Canned**  **Times per day**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

8. **Please list any pre-existing physical or medical problems with your pet.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 found to not be met, the appropriate services will be provided Monday through Friday, during regular business hours and I will be charged accordingly. Charges will include a $75.00 unscheduled fit in fee.

 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 my pet is experiencing Fear, Anxiety or Stress during his/her stay it may be necessary for The Animal Hospital of Orleans to do an exam and prescribe and administer the appropriate medications to relieve his/her Fear/Anxiety/Stress for the duration of the stay. Non-client patients will receive a complete physical exam before medications are prescribed and 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 misplaced, lost or destroyed while boarding.

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

 H. I am aware that though all pets are current on vaccinations 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 and/or canine influenza 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.

**By signing below, I acknowledge that my pet has not bitten anyone within the last 10 days.**

**I acknowledge that I have read and understand the boarding requirements and the Animal Hospital of Orleans policies listed above.**

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

**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 (Monday through Friday during regular business hours). 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 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 I have read and understand the consent for medical services.**

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

Thank you for allowing us to care for your pet!