

FAMILY PET CARE BOARDING ADMISSION

Owner: _____ Pet's name: _____ Breed: _____ Color: _____ Sex: _____
Check in date: _____ Check out date: _____

Does your pet require a special diet: **YES NO** If yes, what are you feeding your pet? _____

Did you bring your own food? **YES NO**

Does your pet take any medication(s)? (Please include heartworm/parasite prevention, flea/tick control and any nutritional supplements.) **YES NO** If yes, please list medications, dosages, frequency and time given each day.

(There is an additional fee per night of \$2.95 to medicate your pet while boarding.)

Does your pet need services while here such as examination, vaccines, bathing, nail trim? **YES NO**
If yes, what services do you need? _____

If you have multiple pets can they board together? **YES NO N/A**

Please list any and all items you have brought with your pet.

We require all pets to be current on vaccines (Rabies, DHPP, Bordetella for dogs and Rabies, FVRCP for cats). If your pet is not current we will vaccinate accordingly. If vaccines were given at another hospital we will call to verify. Is your pet current on vaccines? **YES NO**

Name and number of clinic that vaccinated your pet if other than Family Pet Care _____

We require all patients to be free of internal and external parasites including fleas and ticks. This is for the health and safety of all our boarding patients. **Pets with parasites will be treated at the expense of the owner.**

Has your dog had a heartworm test or been checked for intestinal parasites within the past year? **YES NO**

Has you cat had a feline leukemia/feline aids test in the past year? **YES NO**

If your pet should become ill while boarding at Family Pet Care we will administer medication and perform treatment(s) at the expense of the owner. While most pets do very well while boarding, a small number do experience stress and anxiety. We reserve the right to administer anxiety medication to boarding animals if deemed medically necessary and safe for your pet.

Phone number(s) where you can be reached.

Home _____ Cell _____ Work _____ Other _____

If the owner is not available who can be reached to make a medical decision?

Name _____ Number(s) _____

Signature _____

Date _____