

Schaumburg Veterinary Hospital

Drop off Date: _____

Pick up Date: _____

BOARDING ADMISSION FORM

Owner's Name _____ Pet's Name _____

Breed _____ Age _____ Sex _____ Color _____ Weight _____

Pet's Personal Possessions: _____

Special Feeding Instructions: _____

Is your pet allergic to any drugs? What? _____

If evidence of fleas present, topical flea drops must be applied. There is a fee charged for this service.

Pet History

**Vaccination
History:**

Current

Cats

Update Today

**FVRCP
FeLeuk
Rabies**

Dogs

Current

Update Today

**DHP+Parv
Heartworm Test
Bordetella
Rabies**

If administered Vaccines on animal listed above, please initial and date when given.

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

Dismissal Bath : Yes No

Grooming: Yes, Date: _____ NO

Medication: _____

Administration: _____

OWNER RELEASE

I understand you can not guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my pet should bite any person or other pet while on the clinic premise

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until me or my agent can be reached.

If any problem is observed or develops, Please circle one:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

If picked up after 12:00pm on day of departure another day's board is charged.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that the animal is abandoned and are hereby authorized to dispose of the animal as you deem best and/or necessary.

Date: _____ Owner / Agent: _____

Name & Phone Number of Responsible Party to be reached in an Emergency:

Admitting Technician Initials: _____