



Patient Label

Check In Date: _____

Check out Date: _____

Expected Pick Up time: _____

Boarding Admission Form

Emergency Contact Information: Please list phone numbers where you or your authorized agent can be reached. By listing a person below you are authorizing them to make medical decisions for your pet for which you assume full financial responsibility.

Name: _____ Number: _____ Additional Number: _____

Name: _____ Number: _____ Additional Number: _____

Name: _____ Number: _____ Additional Number: _____

For your Pet's Health: To ensure the protection of all pets under our care:

- Each animal must have written proof from a licensed veterinarian that vaccinations are current. If your pet is not current or you are unable to provide written proof of vaccine status our veterinarians will be happy to perform a thorough physical examination and provide required vaccinations for an additional charge. (DHPP/ Bordatella/ Rabies - Canine) (FeLV/FDVRC/Rabies – Feline)
 - Vaccines were done at Mountain View Animal Hospital as follows:
DHPP: _____ Bordatella: _____ Rabies: _____ 1yr/3yr FeLV: _____ FDVRC: _____
 - Vaccinations were done by a different Veterinarian as follows and written proof is attached.
DHPP: _____ Bordatella: _____ Rabies: _____ 1yr/3yr FeLV: _____ FDVRC: _____
 - Vaccinations are due and will be performed by one of Mountain View Animal Hospital's veterinarians.
- If fleas or ticks are found on your pet, a flea or tick treatment will be applied for an additional charge due at the time of discharge.

Treatment Needed: Please check any additional services you would like performed while your pet is here. Additional charges will apply.

Examination (please list concerns): _____

Nail Trim Vaccinations Other: _____

Feeding Instructions: Once daily Twice daily Free Feed Other: _____

Food Preferences: Kennel Diet

Other (Supplied or paid for by owners) Type: _____ Amount Fed per Meal: _____

Personal Items: (All items must be labeled with owner's last name.) We cannot be responsible for lost or damaged items.

Item: _____ Description: _____ Qty: _____

Item: _____ Description: _____ Qty: _____

Item: _____ Description: _____ Qty: _____

Current Medications: Please list any medications that your pet needs. There is an additional \$8.00 charge per day to administer medications.

Name: _____ Strength: _____ Dose: _____ Frequency: _____ Last Dose Given: _____

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Bathing Instructions: Dogs boarding for more than 3 nights are eligible for a complimentary bath. Our kennel staff would be happy to bathe any other canine boarders for an additional fee.

My dog is staying for more than 3 nights and I would like a complimentary bath. No bath needed.

I would like to have my pet bathed for an additional charge.

Our Medical Illness Policy: If your pet becomes ill, we will call the emergency numbers you have listed above on this form, however, if we cannot reach anyone your pet will be treated as deemed necessary by our staff veterinarians. Payment for these services will be due at the time of discharge.

I, the owner or authorized agent for the above named pet, certify that the above information is correct. I authorize any necessary medical treatment while my pet is at Mountain View Animal Hospital. I assume financial responsibility for all charges incurred and agree to pay all outstanding charges at the time of my pet's release. In addition, I understand Mountain View Animal Hospital is closed at 6 p.m. nightly and my pet cannot be discharged after this time. I understand that my pet will be unsupervised overnight.

Signature: _____

Date: _____