

# CANINE BOARDING ADMISSION FORM

Client: \_\_\_\_\_

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

Patient: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Weight: \_\_\_\_\_

**Vaccination Status**

**Current**

**Date Given**

**Update**

RABIES \_\_\_\_\_

DHALPP/DHAPP \_\_\_\_\_

BORDETELLA \_\_\_\_\_

DEWORMER \_\_\_\_\_

CANINE FLU COMBO \_\_\_\_\_

**\*\*Owner must initial all required vaccinations and service request.**

Has your dog been sick within the last 30 days? \_\_\_\_\_ Treated? \_\_\_\_\_

Symptoms \_\_\_\_\_

Current Medications \_\_\_\_\_

Current Diet \_\_\_\_\_ Amount/Frequency \_\_\_\_\_

Belongings \_\_\_\_\_

Pick up date \_\_\_\_\_ A.M. P.M.

**All pets must be flea and tick free. We will treat at owner's expense if any are noticed.**

Please list the services you would like performed before you pick up your dog:

\_\_\_\_\_

## **Owner Release**

Deason Animal Hospital is to use all reasonable precaution against injury, escape or death of my pet. Deason Animal Hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet while I am absent will be treated as deemed best by the staff Veterinarians and I assume full responsibility for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date above and do not notify Deason Animal Hospital within that time period, Deason Animal Hospital may assume that the pet is abandoned and is hereby authorized to dispose of my pet as deemed best and/or necessary, but this does not relieve me of any boarding or service charges incurred.

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

Emergency Phone Numbers \_\_\_\_\_

Admitting Staff Initials \_\_\_\_\_