

**QUIOCCASIN VETERINARY HOSPITAL
BOARDING ADMISSION**

In order to meet your pet's needs, please take a few minutes to fill out the required information.

Owner's Name _____ Pet's Name _____

Admission Date _____ Discharge Date & Time _____

Emergency Contact (Name and Phone Number)

1. _____

Food Brand _____ Did you bring food? YES _____ NO _____

Feed (how much/how often?) _____

Food Allergies? _____

Medications (Include Name & Dosage)

1. _____

2. _____

3. _____

** There is an additional fee for administering medication to your pet **

Has your pet been medicated and/or fed today? If so, what medications and when?

Pet's Belongings _____

PLEASE NOTE:

At the owner's expense, all dogs will receive Capstar, an oral flea preventative, upon entry. Dogs staying three nights or longer will also receive Capstar on departure. Cats will receive Capstar on entry if fleas are present.

All dogs boarding five nights or longer are recommended to have a bath at the owner's expense in order to maintain the cleanliness and hygiene of the pet.

Accept _____ Decline _____

In order to prevent the spread of infectious diseases and parasites, all boarded pets must be current on all required vaccines and free of internal and external parasites.

Please feel free to discuss with our staff any of the additional services that may be needed while your pet is boarding:

1. Exam (please indicate problem or concern, and doctor preference)

2. Vaccines

DHPP _____ RABIES _____ BORDETELLA _____ LYME _____ LEPTO _____
FDRC _____ LEUKEMIA _____

3. Labwork

HEARTWORM TEST _____ FELINE LEUKEMIA/FIV TEST _____

DRUG OR ORGAN FUNCTION MONITORING (Please list)

URINALYSIS _____ FECAL _____

4. Medications to be refilled? (Please list)

5. Grooming Services

NAIL TRIM _____ ANAL GLANDS _____ CLEAN EARS _____

BATH _____ DE-MAT _____

May we sedate your pet if necessary? YES _____ NO _____

Emergency medical attention will be provided if needed, and every attempt will be made to contact me if such case should arise. I understand that the doctors and staff will use sound medical knowledge, and I as the owner accept all financial responsibility.

Signature _____

Printed Name _____

Date _____

