

# Bayridge Veterinary Hospital

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## BOARDING ADMISSION FORM

Owner: Patient: Breed:  
Sex: Age: Color and Markings:

Pet History: Vaccine History: History:	<u>Cats</u>		<u>Dogs</u>	
	<u>Current</u>	<u>Update Today</u>	<u>Current</u>	<u>Update Today</u>
	<input type="checkbox"/>	Distemper	<input type="checkbox"/>	Distemper
	<input type="checkbox"/>	Leukemia	<input type="checkbox"/>	Bordetella
	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	Rabies

Is your pet on heartworm preventive? \_\_\_\_\_

Has your pet been checked for intestinal parasites in the last 12 months? \_\_\_\_\_

Any coughing, sneezing, vomiting, or diarrhea? \_\_\_\_\_

Is your pet allergic to any drugs? What? \_\_\_\_\_

Has your pet had any illness or injury in the past 30 days? \_\_\_\_\_

Is your pet on any medication? What? \_\_\_\_\_

Current Diet: \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

ALL PETS ARE TREATED AT ADMISSION WITH CAPSTAR (AN ORAL FLEA CONTROL)

Pick Up Date: \_\_\_\_\_  AM  PM

### OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

Dismissal Bath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medication Administration	<input type="checkbox"/> YES	<input type="checkbox"/> NO

(There is an additional charge for daily medication administration.)

### MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

Physical Exam  Specific Problem: \_\_\_\_\_

Fecal Exam  Heartworm Test  Update Vaccinations As Above

Dental Prophy  Other: \_\_\_\_\_

Does your dog get along with and / or play well with other dogs?  YES  NO or  
Let out alone

# Bayridge Veterinary Hospital

Owner:

Patient:

## **OWNER RELEASE**

- All clients are **REQUIRED** to read and sign admission form.
- Animals will be **admitted & discharged ONLY** during regular office hours.
- Any animal that requires **emergency or immediate veterinary attention will receive it at our discretion, and at the owner's expense. An emergency telephone number is required.**
- I understand that in the event of my pet's illness, the staff will attempt to contact me, or my agent to discuss the problem and treatment options, but may not be able to contact me, and is therefore authorized to initiate appropriate treatment.
- I authorize the medical staff to sedate my pet as deemed necessary to initiate treatment if needed.
- Animals requiring **medication or treatment** (such as wound treatment) **will be charged appropriate fees.**
- All dogs must have **current immunizations** against Rabies, Distemper, Parvo Virus, and Bordetella, as well as a **fecal exam and heartworm blood test** within the last 12 months.
- All cats must have **current immunizations** against Rabies, Feline Distemper, Rhinotracheitis, and Panleukopenia, as well as a **fecal exam** within the last 12 months.
- If vaccines, fecal or heartworm tests were performed elsewhere, I can provide written documentation of those vaccines at **admission.**
- All animals must be free of external parasites (fleas & ticks) at admission, and may be treated with **CAPSTAR** to immediately address fleas.
- A **cleansing bath** is optional on the day of dismissal. All major grooming is referred to our professional groomer.
- I understand that you cannot guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable, such as, but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and external parasites.
- I understand that my pet's diet may have varied while away from home, and that the temperature and humidity may be slightly different from my home.

**Owner:**

**Patient:**

**Breed:**

- I understand that the clinic is not responsible for loss or damage to personal items left with my pet including but not limited to leashes, collars, toys, and bedding.
- The clinic will use reasonable precaution against injury, escape, or death of my pet. The clinic, doctors, and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.
- I will call if my "pick-up date" changes so you can plan accordingly.

The clinic and staff will **NOT** be held liable for any problems that develop provided reasonable care and precautions are followed. If I neglect to pick up my pet within 5 days of the date below, and do not notify you within that time frame, you may assume that my pet is abandoned and are hereby authorized to dispose of my pet as you deem best and / or necessary.

I understand there may be an additional charge for any pet deemed aggressive, and if necessary I may be required to pick up my pet if the doctors deem it too dangerous to be handled.

**OWNER / AGENT:** \_\_\_\_\_ **DATE:**  
**EMAIL:** \_\_\_\_\_

**Phone Number to be reached for contact or emergency:** \_\_\_\_\_

**Special Instructions:**

**ADMITTING STAFF INITIALS:**