

**Southpointe Veterinary Hospital
CANINE BOARDING ADMISSION FORM**

Client Name _____ Dog's Name _____

Phone Number _____ Dog's Color/Sex _____

**Wellness Exam, vaccines and fecal check must be up to date.
Please note: The Bronchoshield (Bordetella) vaccine and a negative fecal exam
are both required within 6 months of the boarding reservation.**

Your pet will need to be updated with the following vaccines/services:

Admitting Receptionist _____ Admitting Technician _____

Pick Up Date and Time: _____ AM PM

IS YOUR PET DIABETIC? Yes No . If yes, please note additional boarding charges apply: **THE DIABETIC BOARDING FEE IS AN ADDITIONAL \$10.00 PER DAY PLUS \$28.00 FOR SATURDAY AND \$48.00 FOR SUNDAY/HOLIDAY.**

Has your dog had any vomiting, coughing, sneezing, or diarrhea? Yes No

If yes, please explain: _____

Do you have any concerns with your dog you would like to have addressed while here?
(Additional charges will apply)

Please list any additional items you brought for your dog _____

FEEDING: Has your dog been fed today? Yes No

Current Diet (i.e.brand/wet/dry) _____

1. Time of feeding: A.M. and P.M. Amount _____

A.M. Only Amount _____

P.M. Only Amount _____

2. Brought own food Yes No, use hospital provided bland diet

MEDICATIONS: (THERE IS AN ADDITIONAL CHARGE FOR ADMINISTERING DAILY MEDS, ALL MEDS MUST BE IN ORIGINAL PRESCRIPTION BOTTLE)

Is your dog on any medication at this time?: Yes No
If yes, did you bring your dog's medication?: Yes No
Has it been given today? Yes time given _____ No

Medication(s): _____
Directions: _____

Is your pet on flea prevention? ** Yes No

Brand used & date last applied: _____

****If evidence of fleas are found, flea medications will be given to your dog. The cost of this medication will be charged upon discharge of your dog.**
Flea and tick populations have become increasingly problematic in our area. On admission to Southpointe, all pets housed in the kennel area are subject to a brief exam by a technician that includes being checked with a flea comb for any evidence of fleas and/or ticks. This will also be done upon discharge.

However, we are strongly recommending that all pets be **treated as a precaution** with flea and tick prevention prior to boarding due to the kennel exercise yard's proximity to a creek and wooded area. **PLEASE CHOOSE ONE OPTION BELOW:**

1. ____ I have read the above statement and agree to have my dog treated today as a precaution with Frontline Plus at my expense.
2. ____ I have read the above statement and decline to have my dog treated as a precaution with Frontline Plus to prevent flea and/or tick infestation. **However, I am aware that if my dog is found to have fleas or ticks, Southpointe will apply Frontline Plus and/or give Capstar at my expense.**

Owner's Signature _____ Date _____

Will your dog jump fences: Yes No
Will your dog eat/chew bedding: Yes No
Will your dog dig in the yard: Yes No
Is your dog afraid of storms/fireworks: Yes No
- If YES, do you usually give a medication to help with this? Yes No
--If YES, did you bring the medication today Yes No
--If YES, medication/dosage: _____

--If NO: Do you authorize us to give your dog medication for this anxiety as we see fit? Yes No
(THERE IS AN ADDITIONAL CHARGE TO GIVE MEDICATIONS.)

Do you want your dog to have a bath* on the day of discharge? (*an additional charge will apply-This is not a professional grooming service but bath only) Yes No

Pets that are receiving a bath prior to going home will typically not be ready until after 12 noon and owner should call first.

IF A PROBLEM IS OBSERVED OR AN EMERGENCY DEVELOPS: Considering we are a Veterinary Hospital, should a **PROBLEM** arise, the medical staff will perform exams, procedures and prescribe medications necessary for the health and well-being of your dog. There are additional costs for any medications dispensed or medical procedures performed. There are after hours charges any time a doctor or technician need to come in while clinic is closed to treat/monitor your dog.

Should an **EMERGENCY** arise, the medical staff will perform emergency and supportive care, once your pet has been stabilized you will be notified of any further recommendations that the Doctor may have. There are additional costs for any medications dispensed or medical procedures performed. There are after hours charges any time a doctor or technician need to come in while clinic is closed to treat/monitor your dog.

I further understand that:

- The clinic will use all responsible precautions against injury, escape or death of my pet. I will not hold the clinic and/or staff liable for any problems that develop provided reasonable care and precautions are followed.
- 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.
- I must call if my "pick-up date" changes. 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 my pet is abandoned and are hereby authorized to dispose of my pet as you deem best and/or necessary.
- The staff at Southpointe will take all reasonable precautions to protect my pet from coming into contact with communicable diseases while in their care. I also understand that this is an animal hospital that treats sick pets and there is no guarantee against exposure to every disease. By signing below, I understand that there is a slight chance that my pet may become sick from another patient at Southpointe. **Southpointe will not assume financial responsibility for treatment of any such illness. All financial responsibility will be assumed by me.**



BOARDING DISCHARGE INFORMATION

Admitting comments and recommendations by examining technician:

Discharge Date: _____ Discharging technician: _____ Weight upon discharge: _____

While your pet was here:

____ Your dog had a great stay!! We look forward to seeing you next time!!

____ Your dog had a complete physical examination.

____ Your dog was vaccinated for:

____ Rabies 1 year or 3 year vaccine ____ Bronchoshield

____ Annual Distemper combo booster ____ Leptospirosis 4 strain

____ Your dog had laboratory tests for:

____ Heartworm test: _____

____ Fecal exam: _____

____ other: _____

____ Your dog had the following problem: _____

____ Your dog was given/has been sent home with the following medications:

____ Please bring your dog in for a medical progress exam in _____ days.

THANK YOU FOR BOARDING YOUR PET WITH US!!