

**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 before boarding. Please note: We require all pets to be on flea/tick prevention and vaccinated with the Distemper/Parvo, Lepto and CIV vaccines. In addition, the Bronchoshield (Bordetella) vaccine and a negative fecal exam are both required within 6 months of the boarding reservation.

Fecal 6 month due _____ Bordetella 6 month due _____

Admitting Receptionist _____ Admitting Technician _____

Pick Up Date and Time: _____ AM PM

List of belongings: _____

For additional charges do you want your pet to have either of the following?:

BATH: YES NO **ANAL GLANDS:** YES NO

TOE NAIL TRIM: YES NO **OTHER:** _____

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

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: _____

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 _____

Brought own food P.M. Only Amount _____
 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 **Verification required at check-in**

Brand used & date last applied: _____

**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.

All pets must be on flea and tick prevention prior to boarding due to the kennel exercise yard's proximity to a creek and wooded area.

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

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

Poor/fair/good

Date	Appetite	Meds	Weight	Comments	Staff Initials
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					
P.M.					
A.M.					



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!!