

ANDERSON ANIMAL HOSPITAL BOARDING SHEET

DATE _____

OWNER'S NAME: _____

DATES BOARDING _____

PATIENT: _____

BREED: _____

CASE NO: _____

SEX: _____

COLOR: _____

Please help us by providing the following information

FEEDING

WE GENERALLY FEED DRY FOOD TO BOARDING ANIMALS. **IF YOUR ANIMAL REQUIRES A SPECIAL DIET, PLEASE FEEL FREE TO BRING IT FOR US TO CONTINUE WHILE BOARDING HERE.

VACCINATION INFORMATION

WE REQUIRE YOUR PET TO BE CURRENT ON RABIES AND YOUR DOG CURRENT ON KENNEL COUGH VACCINATIONS. IF THESE VACCINES HAVE BEEN GIVEN ELSEWHERE, PLEASE PROVIDE US WITH THAT INFORMATION. CLINIC NAME/PHONE NUMBER: _____

**IF WE ARE UNABLE TO VERIFY VACCINATION DATES ON YOUR PET (S), OR IF VACCINES ARE NOT CURRENT, WE WILL UPDATE THEM WHILE BOARDING.

**IF FLEAS ARE IDENTIFIED ON YOUR PET, HE/SHE WILL BE TREATED.

****YOU WILL BE RESPONSIBLE FOR ANY COSTS ASSOCIATED WITH UPDATING VACCINATIONS OR TREATING YOUR ANIMAL FOR FLEAS.**

MEDICAL INFORMATION

PLEASE TELL US ABOUT ANY CURRENT MEDICAL PROBLEMS WITH YOUR PET(S): _____

ARE YOU GIVING MEDICATION AT HOME THAT NEEDS TO BE CONTINUED WHILE YOUR PET IS BOARDING (INCLUDING HEARTWORM AND FLEA PREVENTION?) _____

IS THERE ANYTHING ELSE THAT YOUR PET NEEDS TO HAVE DONE WHILE BOARDING WITH US? _____

WOULD YOU LIKE YOUR PET(S) TO HAVE A BATH AND ITS NAILS TRIMMED? YES NO

PLEASE DESCRIBE ALL ITEMS LEFT FOR YOUR PET WHILE IN OUR CARE (MEDICATION, BLANKETS, TOYS, FOOD, ETC.) _____

EMERGENCY INFORMATION

WE WILL MAKE EVERY EFFORT TO CONTACT YOU IN THE EVENT OF AN EMERGENCY/ ILLNESS WITH YOUR PET. PLEASE PROVIDE A PHONE NUMBER WHERE WE CAN REACH YOU WHILE YOUR PET IS BOARDING. _____

IS THERE AN ALTERNATE PERSON WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU? _____

IF YOUR PET IS ILL WHILE IN OUR CARE, AND WE ARE UNABLE TO REACH YOU, PLEASE TELL US HOW YOU WOULD LIKE THE SITUATION TO BE HANDLED (CHECK ONE):

1.) _____ THE VETERINARIAN SHOULD USE HER BEST JUDGEMENT AND PERFORM THE DIAGNOSTIC TESTS AND TREATMENT(S) MY PET MAY REQUIRE. I UNDERSTAND THAT ADDITIONAL CHARGES FOR THESE PROCEDURES WILL BE INCURRED.

2.) _____ IN THE EVENT THAT I AM UNABLE TO BE REACHED, I AUTHORIZE DIAGNOSTIC TESTS AND TREATMENT(S) NOT TO EXCEED \$ _____ UNTIL SUCH TIME AS I CAN BE REACHED.

3.) _____ I WOULD PREFER THAT NO DIAGNOSTIC TESTS OR TREATMENT(S) BE PERFORMED WITHOUT MY DIRECT CONSENT. IF THE VETERINARIAN IS NOT ABLE TO REACH ME, IT IS MY REQUEST THAT MY PET RECEIVE **NO** ADDITIONAL TREATMENT(S).

SIGNATURE _____

Owner Name _____