



# Boarding Admission Form

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Date to be picked up: \_\_\_\_\_

Vaccinations up-to-date? <input type="checkbox"/> Yes		
No <input type="checkbox"/> If no, then appropriate vaccinations will be given.		
Please list all medications that need to be given while your pet boards:		
Medications to be given	How often?	Given last?
_____	_____	_____
_____	_____	_____
_____	_____	_____
When was your pet bathed last? _____ Do you want your pet bathed before going home? _____		
Is your pet on monthly flea prevention? _____ If yes, when was last dose given? _____		
What brand and type(canned/dry) of food is the pet eating? _____ How much(cups)? _____		
When was your pet fed last? _____		
What else do we need to know about your pet? _____		
Please list items brought with your pet: _____		

If tranquilizer is necessary for treatment or handling, I give my permission to the Berkley Pet Hospital to administer such medications.

To prevent spread of disease among boarding guests and patients at our clinic, all animals, upon entering, must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) Or they will be treated at owner's expense. If staying longer than a week, dogs will be required to have a 20% reduced price bath weekly.

I also authorize the Berkley Pet Hospital to do whatever is necessary should a medical or building emergency situation arise, and I understand that this building is not approved by the Civil Defense as a shelter against natural disasters.

**Pets are released only during regular doctor's hours.** If I am unable to obtain my pet by the above indicated pick up date, I will call to advise the additional time it needs to stay. If I do not claim my pet within 5 days of pick up date, you may assume that the pet is abandoned, and you are hereby authorized to dispose of the pet as may deem best and necessary.

Signed: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

<b><u>Estimate</u></b>
Fee/pet/day: _____
Meds/day fee: _____
Bath: _____
Vaccinations: _____