

# Boarding Check-in Form

Patient Name:

Client Name:

Arrival Date:

Departure Date:

Emergency Contact(s):

Name:

Phone:

Feeding Instructions:

Source	Amount	Frequency	Start Time

Does your pet need any medications during their stay? If so, list them below:

Medication	Instructions	Start Time (AM/PM)

Will your pet need to see a veterinarian during their stay?  Yes  No If yes, for what services?

Bath / Groom during stay?  Yes  No If yes, for what services?

Allergies:  No What are they allergic to?:

Medical conditions that will require special care?:

Toys / Personal belongings?:

## Behavior Section:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Resource Guarding | <input type="checkbox"/> Aggression       |
| <input type="checkbox"/> Digs               | <input type="checkbox"/> Shy               | <input type="checkbox"/> Noise Aversion    | <input type="checkbox"/> Jumps            |
| <input type="checkbox"/> Possessive         | <input type="checkbox"/> Eats Stool        | <input type="checkbox"/> Eats Rocks        | <input type="checkbox"/> Destroys Bedding |

My signature below certifies that:

I acknowledge that Portsmouth Animal Hospital is a "flea free" boarding facility. In order to maintain it as such, each pet is administered a short acting and safe medication called Capstar upon arrival for a one time nominal fee if your pet is found to have fleas.

I acknowledge that I am only able to pick my animal up from the boarding facility during regular business hours that are posted. No pick-ups will be allowed when the hospital is closed.

I acknowledge that for my pet's protection, all vaccines must be current. We require written proof or phone confirmation by your referring veterinarian of vaccinations, including Rabies, Bordetella, DA2PP and yearly fecal parasite checks for any dog and Rabies, FVRCP and yearly fecal parasite checks for any cat that stay at Portsmouth Animal Hospital. If proof is not provided, doctors of Portsmouth Animal Hospital will administer necessary inoculation, including required physical exam at the owner's expense. Please note that many vaccines do not take affect for 10-14 days, so be sure that your pet is vaccinated before boarding for optimal wellness.

I acknowledge that should my pet(s) become ill, a Portsmouth Animal Hospital veterinarian may provide all medical and surgical treatment deemed necessary in the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the Portsmouth Animal Hospital staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian. If my pet as a serious illness or injury that becomes critical during my absence, I want the doctors to:

Resuscitate My Pet       Do Not Resuscitate My Pet

Charges for services, medications, and supplies are due upon discharge. Payments can be made by cash, check, credit card or CareCredit. If you neglect to pick up your pet or contact us to extend the boarding stay and we are unable to contact you with reasonable effort, pets are considered abandoned after 7 days. If abandoned, we reserve the right to make arrangements for the pet as we deem necessary. I release Portsmouth Animal Hospital from all liability, and have read and understand this form.

Name, Printed: \_\_\_\_\_

Name, Signed: \_\_\_\_\_