

Handsboro Animal Hospital Boarding Intake Form

Owner's/Authorized Agent's Name: _____

Contact Information in case of an emergency:

_____/_____

Pet's Name(s): _____

Boarding Drop Off Date: _____ Pick up Date: _____

Vaccines- In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current Rabies, DA2PP, Bordetella and Flu H3N8/H3N2 vaccines, and cats have current Rabies, Bordetella and FVRCP vaccines. If any of your pets' vaccinations are past due, they must be inoculated before going to boarding kennel. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

**Vaccinations are up to date with proof provided/attached Verified by(employee) : _____

**Vaccinations are due and may be administered Owner Initials : _____

Diet- We provide Science Diet dry for your pet if eating our clinic diet. If you have supplied your pet's own food, please indicate the food to be fed and the number of times your pet is fed each day with quantity.

Special feeding instructions and/or medications? _____

Medications- If your pet will be receiving medication during his or her stay, it must be labeled with instructions for administration . Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

Statement of Kennel Policy

1. A full day's board is charged for the first and last days, Last day is not charged if your pet is picked up before 4:00pm. Pets must be picked up between 8AM (MON-SAT) and 4:30 (MON-FRI) 11:15(SAT).
2. Personal items may be left at your own risk. We are not responsible for loss or damage.

Please Initial Emergency/Illness Options: In case we CANNOT reach you when calling. Please choose one of the following.

_____ If my pet(s) identified on this record become ill, I request that Handsboro Animal Hospital provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. I agree to pay all related expenses associated with the treatment of my pet.

_____ If my pet(s) on this record become ill, I refuse any treatment until I am reached for permission.

I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease and has not bitten anyone in the past ten days. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations. I have read the above and I am in full agreement.

Signature of Owner or Authorized Agent

Date