Handsboro Animal Hospital

Boarding Intake Form

Owner's/Authorized Agent's Name: _____

Contact Information in case of an emergency: _____ / _____

Pet's Name(s) _____

Vaccines- In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current Rabies, DAPP, and Bordetella and cats have current Rabies, 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.

Diet- We provide Science Diet Sensitive Skin & Stomach 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? _____

Has your pet been fed today? YES or NO

Has your pet been medicated today? If so, what medication dosage and time of administration?

_____

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

If you are dropping off more than one pet from your household, are they allowed to share the same kennel space? YES or NO

Statement of Kennel Policy

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

Initial Emergency/Illness Options: In case of illness or emergency. Please choose.

_____ 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**.

If your pet requires transfer to an overnight ER, do we have permission to transfer? _____

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**