

# Scott Mill Animal Hospital

## Boarding Admission Form

|                                  |                 |                        |
|----------------------------------|-----------------|------------------------|
| Owner or Agent:                  | Patient's Name: | Home #.:               |
| Species: Breed:                  | Color:          | Sex:                   |
| <b>Emergency Contact Number:</b> |                 | <b>Check In Date:</b>  |
|                                  |                 | <b>Check Out Date:</b> |

Current Feeding routine (Once a day) (Twice a day) - amount normally given:

Current Medications and Current Instructions:

Supplies/Personal Belongings:

Bath/Grooming? (YES) (NO) If yes date requested \_\_\_\_\_

Additional Instructions or Requested Services:

We thank you for boarding your pet at this facility, where we have our boarders' health and comfort in mind. Before you depart, we ask that you take a moment to review and **initial** the following:

\_\_\_\_\_ I understand that my pet's vaccinations must be up to date and that, in the event that any vaccines are due or past due, Scott Mill Animal Hospital will vaccinate my pet as necessary which includes an appropriate examination prior to giving the vaccinations. For canines the requirement is a current Rabies and DHP vaccination. We require a Bordetella vaccination and Fecal examination within the past 6 months. Felines must be current on their Rabies and FVRCP vaccinations. I also understand that payment for these services will be due in full at the time my pet is checked out from the boarding facilities.

\_\_\_\_\_ I certify that my pet has received the following flea prevention within the last 30 days (please circle):  
 ADVANTAGE    COMFORTIS    NEXGARD    TRIFEXIS    OTHER \_\_\_\_\_    None

\_\_\_\_\_ I understand that if no FDA or EPA approved product has been used within the last 30 days, or that if any fleas are found on my pet, Frontline will be applied and the single dose will be charged on my boarding bill.

I authorize the release of my pet to the following person(s): \_\_\_\_\_

I authorize the staff at this facility to perform the procedures listed above and, in the event of an emergency, any medical or surgical procedures necessary for the health and immediate well-being of my pet. I agree to pay in full for my pet's boarding, medication sessions and for any emergency and/or requested medical care at the time of discharge. I understand that any articles I am leaving, such as collar, leash, beds, etc., I do so at my own risk, and I accept that this facility cannot be held responsible for the return of all items.

I understand that pickup after 3:00 PM will incur a surcharge to reflect the additional care provided.

I certify that I am the owner or the owner's authorized agent of this pet, and I have read the above and agree to the conditions stated:

\_\_\_\_\_  
 Signature of Owner or Owner's Authorized Agent

\_\_\_\_\_  
 Date