

Harris Animal Hospital Boarding Admission Form

Client Name: _____	Pet Name _____
Emergency Contact Name: _____	Emergency Contact Number(s) _____
Admission Date: _____	Pickup Date: _____
Person Picking Up: (if other than owner) _____	

Medication Policy

Initial: _____

Administration of once daily medications are provided at the rate \$2.50 per day. Administration of twice daily medications are provided at the rate \$5.00 per day. Administration of three times daily medications are provided at the rate of \$7.50 per day. Administration of four times daily medications are provided at the rate of \$9.00 per day.

Insulin injections will be given at a charge of \$2.50 per injection with owner provided insulin.

Insulin injections will be given at a charge of \$7.50 per injection with hospital provided insulin

Please Note that all provided medications must be in their original containers.

If medications are not provided they will be charged at the current rate.

Please list all medications with dosages and instructions below:

Owner Provide?	Medication Name	Dosage Amount	Dosage Frequency	Time Last Given

Preventative Care Policy

Initial: _____

All cats must be current on FVRCP (Distemper and Upper Respiratory) and Rabies vaccinations.

All dogs must be current on Distemper, Parvo Virus, Corona Virus and Rabies vaccinations.

All dogs must be current within 6 months on Bordetella vaccination.

All Pets must be current on their Intestinal Parasite Screening (Annual Fecal Exam)

All pets must be free of internal and external parasites.

If any evidence of internal or external parasites is found on your pet they will be treated at your expense.

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Personal Belongings

Initial: _____

Please list any and all belongings you are leaving with your pet. I understand that every attempt will be made to keep my pet's belongings safe but I also understand that I am leaving belongings at my own risk.

Additional Services

Initial: _____

YES NO

Bath (Pets boarding 3 or more nights are eligible for a bath at **50% off** (not including sedation if needed))

Nail trims can be done for an additional charge of \$14.00

Anal glands can be expressed for an additional charge of \$20.00 (Exam must be current within 90 days)

Does your pet need an exam by a Doctor while boarding?

If yes, please describe the concern:

Feeding Policy

Initial: _____

What food do you normally feed your pet? _____

I feed my pet _____ Cups _____ times per day.

Cats will be provided with Hills Prescription diet w/d or r/d and dogs will be provided with Hills Prescription diet w/d, i/d or r/d during their stay with us at no additional charge. We are happy to feed your pet the food they eat at home if provided or we can feed any of the other Hills Prescription Diets we stock for an additional charge.

Medical Emergency

Initial: _____

Your pet's health and happiness is our highest priority. In the event of a medical emergency I understand that all attempts will be made to contact me. I also understand that in the event that I can not be reached I hereby authorize Harris Animal Hospital to begin treatment on my pet up to the amount of \$ _____ (please specify amount) to perform medically necessary procedures.

I certify that I have read the above and foregoing Boarding Admission Agreement and that I understand the contents and meaning of this document. I certify that I am over 18 years of age and I am the owner of the above described pet, or the owner's legal representative, or that I am duly authorized by the owner to act as his/her general agent to execute this document and accept its terms.

Signature: _____ Date: _____