Hight Veterinary Hospital – Boarding Admission

DROP OFF DATE: _____/_____/_____ **PICK UP DATE:** _____/_____/_____ **AM / PM**

BOARDERS ARE TO BE PICKED UP BY 6:00PM (MON, TUES, THUR, FRI) 12:00PM (WED, SAT THAT WE ARE OPEN)

PRIMARY CONTACT_____	PHONE NUMBER_____
Secondary/Emergency Contact_____	Phone Number_____

ADDITIONAL SERVICES

_____ Bath $36.50/$43.75/$46.25/$53.00/$54.75
_____ Lux Bath $48.50/$58.50/$67.50/$77.75/$86.75
_____ Nail Trim $20.25
_____ Anal Gland Expression $34.25
_____ Sanitary Trim $36.50
_____ Nail Grinding $35.75
_____ Ear Cleaning $24.25

DOES YOUR PET CLIMB OR JUMP FENCES? YES OR NO
FAMILY BOARDING – WOULD YOU PREFER YOUR PETS TO BOARD TOGETHER ____ SEPARATELY____
IF TOGETHER DO THEY NEED TO BE SEPARATED FOR FEEDING ___Y___N

FEEDING INSTRUCTIONS

WE DO NOT ALLOW RAW DIETS DURING BOARDING/WE WILL NOT GIVE JERKY TREATS OR ANYTHING EQUIVALENT
If personal food was not provided, we will feed Hill's Science Diet dry twice a day based on body weight. Any request for canned food will be at the Owners expense.

PET	FOOD HVH/OWN	NAME OF FOOD	FOOD ALLERGIES Y/N	INSTRUCTIONS

CLIENT AND BOARDER INFORMATION

CLIENT NAME	CLIENT ACCOUNT NUMBER

Pet (s) Name	Breed & Color

MEDICATIONS TO BE ADMINISTERED

IS YOUR PET A DIABETIC AND ON INSULIN? YES NO

If yes, there will be an additional charge per treatment of $18 during business hours and $32 after hours for monitoring, feeding, and providing insulin injection.

DOES YOUR PET REQUIRE DAILY MEDICATIONS WHILE BOARDING? YES NO

IF YES, THERE IS A $5 PER DAY CHARGE FOR ADMINISTERING MEDICATIONS WHILE BOARDING.

WHEN WAS THE LAST DOSE OF MEDICATION GIVEN? _____

MEDICATIONS TO BE GIVEN DURING STAY – Please list name, strength and directions for all medications your pet is currently taking.

BOARDING CAN BE STRESSFUL FOR SOME PETS WHICH MAY CAUSE LOOSE STOOL/DIARRHEA. WE CAN NOT LET THIS CONDITION GO UNATTENDED SO WE WILL MAKE EVERY ATTEMPT TO CONTACT YOU IF THIS PROBLEM ARISES. YOUR PET WILL BE TREATED WITH MEDICATION AT AN ADDITIONAL COST IF NEEDED. OWNERS INITIALS_____

MEDICAL SERVICES NEEDED OR REQUESTED

HOW WOULD YOU PREFER US TO PROCEED IF A MEDICAL PROBLEM IS DISCOVERED WHILE YOU PET(S) IS BOARDING?

Treat ANY problem the doctor feels necessary ____ Call the emergency contact before treating ___ Treat ONLY a medical emergency ___

Does your pet need to be examined or rechecked by a doctor? YES NO _____

Please indicate any medical problems we need to be aware of during your pet's stay:_____

_____

_____

NOTE STAFF – PLEASE COMPLETE INTAKE ASSESSMENT QUESTIONS ____ Staff initials _____

VACCINES REQUIREMENTS – PET: _____ **OWNER INITIALS:** _____

DHPP Administer/Current $51/w Lepto	**Lepto** Administer/Current	**Bordetella** Administer/Current $51	**Flu** Administer/Current $60.25
Rabies Administer/Current $57	**Fecal Test** Admin/Current $54	**FVRCP** Administer/Current $47/$69.25 w/leuk	**Heartworm test** Admin/Current $71.50
Last Exam Completed: Administer/Current Bloodwork Due: Y N	_____ _____	**Last Flea/Tick Treatment:**	_____

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Last Exam Completed: Administer/Current Bloodwork Due: Y N	_____ _____	**Last Flea/Tick Treatment:**	_____

If you will not be the one picking up your pet, we will need the name, address, and phone number of the person that will be picking up your pet.

NAME: _____

Street ADDRESS: _____

City, State, Zip Code _____, _____, _____

PHONE: _____

Is there anyone else that you will allow to pick up your pet while under our care? Y / N

If yes, NAME: _____

Street Address: _____

City, State, Zip Code _____, _____, _____

PHONE: _____

Receptionist Review Initials: _____ Assistant Review Initials_____

All pets must be up to date on vaccinations and had an exam within the past year. Proof of vaccinations/medical history must be on file at the time of boarding, or they will be administered upon admission. Pets will receive an exam plus vaccines needed at admission to boarding. Exam Fee is $83, Vaccines and testing are as above. ***ALL BOARDERS ARE EXPECTED TO BE FREE OF EXTERNAL AND INTERNAL PARASITES (FLEAS/TICKS, WORMS, ETC.). IF EXTERNAL OR INTERNAL PARASITES ARE FOUND, THE PET WILL BE TREATED AT THE OWNER EXPENSE.**

I, the undersigned, do hereby certify that I am the owner of (or duly authorized agent for the owner) of the above described animal(s), that in the event a problem arises, I hereby give the Hight Veterinary Hospital, PA, their agents and/or representatives, full and complete authority to administer, at my expense, anesthesia, to perform surgery, radiography, or other diagnostics, and to treat any wounds, or other necessary problems that may occur on the above described animal as they may deem medically necessary. I hereby release Hight Veterinary Hospital, PA, their agents and/or representatives, from all and any liability for said animal. I furthermore authorize my pet's picture to be used by Hight Veterinary Hospital, PA for website, Social media or in-house hospital use.

Client/Agent Signature: _____ Date: _____

Person picking up at Discharge: Signature _____

Print _____

Street Address : _____

City, State, Zip Code: _____, _____, _____

Date : _____