

Staff Sign In: Tech - _____ Reception - _____ Kennel - _____

Dearborn Animal Hospital
Boarding Admissions Form

Client's Name: _____

Pet's Name: _____

Address: _____

Species: _____

Breed: _____

Phone: _____

D.O.B.: _____

Sex: Male Female Fixed? Yes No

For the safety & health of all our patients, all dogs staying overnight at DAH must have proof of a negative fecal test within the past 6 months or a new fecal test will be conducted at drop off (\$27) to prevent the spread of contagious diseases.

Scheduled Arrival Date: _____ **Departure Date:** _____ **Time:** _____ AM PM

I will be picking up my pet

If someone else is picking up:

OR

Name: _____

Someone else will be picking up my pet.

Contact Phone Number: _____

Emergency Contact Name: _____ **Contact Number:** _____

Are you bringing your pet's food from home?

Yes No

Fed how many times per day? 1x 2x 3x

Amount per meal: ____

Are you bringing your pet's treats from home?

Yes No

How many times per day? 1x 2x 3x

Amount per serving: __

Are you leaving any belongings?

Yes No ____

Dearborn cannot assume responsibility for any items lost or damaged while left at the clinic – whenever possible, please do not leave any personal belongings, including leashes and collars.

All items must be labeled with indelible marker with Pet's Name and Owner's Last Name.

Please list any items that you are leaving: _____

Are you bringing medications for your pet?

Yes _____ No _____

If so, please list your pet's current medications below:

Medication Name:	Dose: (eg: 1 pill, 1/2 pill):	Frequency/Time last given:

Patients that have medications administered while boarding will be charged a \$3 / day Medication Administration Fee.

Does your pet have any medical concerns or allergies?

Yes No

If so, please describe: _____

Is your pet up-to-date on vaccines?

Yes No

If not, Dearborn Animal Hospital requires that all boarding animals be given their vaccines. Puppies and Kittens will be admitted to board on a case-by-case basis, due to a lack of immunity to diseases.

Required Vaccines: Dog: Rabies, Distemper/Parvo, Bordatella

Cat: Rabies, Feline Distemper

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Has your pet been given flea treatment within the last 30 days? Yes No

Date Given: _____ Brand of Flea Treatment: _____

Any patients with fleas will be treated, and the cost added to the final bill at patient pick-up.

Does your pet need a bath before going home? Yes No

Any dogs boarding for 7 or more nights will be given a complimentary bath the weekday morning before the pickup date provided. Cats are only bathed upon request. If your pet requires sedation, we will call to ask permission before bathing.

We would like to know how to proceed if your dog develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your pet's comfort and his/her ability to receive rapid medical treatment should problems occur. Some common ailments below describe what initial measures are taken by the staff to remedy the problem. Should your pet not respond to these initial measures, further treatment may be warranted.

Common Boarding Ailments	Initial measures taken for these ailments
Stress colitis (diarrhea) (Cats and Dogs)	Fecal analysis; switch to bland diet
Kennel nose / Kennel Paw (Dogs)	Clean area, apply topical antiseptic
Hot Spots (Dogs)	Clean and shave area; apply topical antiseptic
Ear Infection (Cats and Dogs)	Clean ears with non-medicated cleaner
No stool production (Cats and Dogs)	Evaluation by Veterinarian; lubricant, laxative
Vomiting (Cats and Dogs)	Switch to bland diet
Persistent lack of appetite (Cats and Dogs)	Change diet to stimulate appetite

Please select from the following options:

____ I give my permission to have Dearborn Animal Hospital take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, **I do not need to be contacted first.**

____ I give my permission to have Dearborn Animal Hospital take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, **I would like to be contacted first.** I understand that if neither I nor my emergency contact is reachable, Dearborn Animal Hospital will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am able to be contacted.

____ **I would like to be contacted before any measures are taken to treat my pet for any condition,** including the ones listed above. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Dearborn Animal Hospital will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

The above conditions are clear, I have asked any questions necessary to fully understand the conditions above, and I understand that I am responsible for all costs incurred for any exams, diagnostics, and treatments provided. I also understand that there are inherent risks for my pet while boarding.

Dearborn Animal Hospital strives to provide a safe environment for all animals under their care, but I will not hold Dearborn Animal Hospital liable for any injuries or adverse events related to my pet. Dearborn Animal Hospital cannot be held liable for any damaged or lost belonging, such as blankets, toys, or collars left with my pet. I understand that the above measures are all employed to keep my pet safe and healthy, should any unforeseen circumstances arise.

Client Signature: _____

Date: _____

Boarding Pick-Up Hours

Monday – Friday: 9am – 6:30pm

Saturday: 9am – 1pm

Sunday: Closed