

# Galilee Veterinary Hospital

## BOARDING ADMISSION FORM

Owner's Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_  
 Check in Date: \_\_\_\_\_ Check out Date: \_\_\_\_\_ Admitting Staff: \_\_\_\_\_

**Vaccination History:** Is your pet up to date on the following vaccines: Please check the appropriate box:

Vaccination	Yes / Where	No	Update Today
Feline FVRCP			
Feline Leukemia			
Rabies			
DHPP / L			
Bordetella			

**VACCINATION DECLINE:** "I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Distemper / Parvo, Rabies, and Bordetella vaccination for dogs and / or Feline Distemper and Rabies vaccine for cats to be current. I decline vaccination at this time because vaccinations have been given elsewhere, are current, and I have provided records to Galilee Veterinary Hospital.

**OWNER / AGENT INITIAL:** \_\_\_\_\_

Is your pet on heartworm preventive? \_\_\_\_\_ Brand: \_\_\_\_\_

Has your pet been checked for intestinal parasites in the last 12 months? \_\_\_\_\_

Any vomiting, coughing, sneezing or diarrhea? \_\_\_\_\_

Does your pet have any allergies? \_\_\_\_\_ What? \_\_\_\_\_

Has your pet had any illness or injury in the past 30 days? \_\_\_\_\_

Is your pet on any medication? What? \_\_\_\_\_

Medication directions: \_\_\_\_\_

Diet: (circle) Canned or Dry / Kennel or Owner Provided, Brand: \_\_\_\_\_

Schedule: (circle) AM Noon PM / Quantity: \_\_\_\_\_ Last Ate: \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

List any belongings left with the pet: \_\_\_\_\_  
 \_\_\_\_\_

If evidence of fleas present, flea treatment will be applied. There is a fee charged for this service.

**FLEA EVIDENCE PRESENT: APPLY FLEA DROPS UPON ADMISSION**

**MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:**

**Physical Exam**  **Specific Problem:** \_\_\_\_\_

Fecal Exam  Heartworm Test  Update Vaccinations As Above  Nail Trim

Anal Gland Expression  Other : \_\_\_\_\_

## OWNER RELEASE

I understand you can not guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

If vaccinations were performed elsewhere, I will provide written documentation of the vaccinations administered by a licensed veterinarian.

I understand that in the event of illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my agent can be reached.

**If any problem is observed or develops: (Please check)**

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

**I will call if my "pick-up date" changes so you can plan accordingly.** If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to treat my pet as a surrendered pet and will follow the hospital policy for such.

**I understand there may be an additional charge for any pet deemed aggressive during the boarding period.**

Date: \_\_\_\_\_ Owner / Agent: \_\_\_\_\_  
Name & Phone Number of Responsible Party to be reached in an Emergency: \_\_\_\_\_

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