

BOARDING ADMISSION FORM

GENERAL INFORMATION

Owner: _____ **Date:** _____
In case of emergency Contact: _____ Phone Number: _____
Name of person to pickup pet(s): _____ Phone Number: _____
(If other than owner)
Date pet is to be picked up: _____ AM ☐ PM ☐

PATIENT INFORMATION

Pet's Name: _____ **Breed:** _____ **Sex:** _____ **Age:** _____ **Color:** _____

Vaccine:	Given	Due
Rabies Vaccination	/ /	/ /
Distemper VACCINATION	/ /	/ /
Bordetella Vaccine (Dogs Only)	/ /	/ /

Is your pet on any medication? Yes ☐ No ☐

Medication to be given while pet(s) are boarding (Bring medications in their original bottle):

1. _____ at ☐ AM ☐ Noon ☐ PM
2. _____ at ☐ AM ☐ Noon ☐ PM
3. _____ at ☐ AM ☐ Noon ☐ PM

Has your pet had any reactions to medications? ☐ Yes ☐ No

Does your pet have any problems we need to know about?

Has your pet been coughing or sneezing? Yes ☐ No ☐

Has your pet had any vomiting or diarrhea? Yes ☐ No ☐

Does your pet (if a dog) climb fences? Yes ☐ No ☐

Does your pet become anxious before or during thunderstorms and/or Fireworks?

☐ Yes ☐ No Please explain _____

Does your pet have a history of tearing up/chewing on toys, blankets/bedding?

☐ Yes ☐ No

What does your pet eat at home? Dry ☐ Canned ☐ How Much? _____ How often? _____

Does your pet have any food allergies or sensitivities? ☐ Yes ☐ No

If yes, please explain: _____

ADDITIONAL SERVICES

Bath? (includes nail trimming and anal gland expression) ☐ Yes ☐ No

If no, Nail Trim Only? ☐ Yes ☐ No

Please ask admitting personnel for cost estimate and pick up procedures.

While in the Hospital

please check my pet for:

Refill Meds...

Set aside for me...

1. _____
2. _____
3. _____
4. _____

(Initials) Due to the number of pets we care for, we cannot be responsible for lost articles (such as toys, blankets, towels, etc.); therefore, we suggest that you leave articles of value at home. If you decide to bring such articles for your pet, we will make every effort to return these to you.

- If tranquilizers are necessary for treatment or handling (especially thunderstorm anxiety) I give my permission to Mountain Park Animal Hospital to administer such medications.
- All animals entering the hospital must be up to date on vaccinations & free of external parasites (fleas, ticks, etc.) or they will be treated at the owner's expense.
- I authorize Mountain Park Animal Hospital to do whatever is necessary should an emergency situation arise.
- Payment is required when animal(s) are released.

Signed _____

Pickup Times

Mon - Thus: 8:30 AM to 6:45 PM & Fri 8:30 AM to 5:45 PM

Sat - Sun pickup available **ONLY** with prior arrangements

Holiday hours may vary - for any questions check with admitting personnel