

Client Name: _____

ADMISSION FORM FOR BOARDING

Pet Name: _____

Drop off date: _____ Pick up date: _____

Date: _____

Pick up times: **10am-5:45pm M-F 8:30am-11:45 Sat.**

(Check with West Cary for availability of sat. pick up)

- **EMERGENCY PHONE NUMBERS:** (you or the person you authorize)
() _____ Contact: _____ () _____ Contact: _____
- **FLEA POLICY** – We have learned through long experience that the only way to maintain a flea free hospital and boarding area is through a zero tolerance flea policy. To this end our policy is to accept only those products that have demonstrated consistent control in our experience. These are:
* Frontline Plus (Dogs and Cats) [this recommendation is currently under close scrutiny]
* Promeris (Dogs and Cats) * Comfortis (Dogs) * Advantage and Revolution (Cats only)
All pets must be found clean and free of fleas and flea dirt. Those found to have evidence of fleas will be treated in an appropriate manner dictated by that case. This may include flea bathes and capstar at the owners' expense.
***** Any pet in our facility on the 22nd day from their last treatment with an applied product will be treated again as recommended by the doctor*****
- **Type of Flea Prevention you use:** Product _____ Exact Application/ Given Date _____
- **MEDICATIONS** \$2.50a day for once a day
\$3.50 a day for twice daily and multiple medications(for 3 or less meds) \$1.50 a day for each additional drug or treatment
1. Drug: _____ Amount: _____ How often: _____ Last given: _____
2. Drug: _____ Amount: _____ How often: _____ Last given: _____
3. Drug: _____ Amount: _____ How often: _____ Last given: _____
****Diabetic patients and patients requiring fluid administration do not fall under our usual medication charges.*
****Complicated or Difficult treatments or medicine administration will have additional charges. Please ask.*
- **FEEDING INSTRUCTIONS** Last time fed was: This AM Last PM
1. Please feed my pet: _____ AM only _____ PM only _____ both AM and PM
2. Please feed (check one): ___ Hospital food** ___ Owner's food (brand? _____)
3. Please feed: _____ cup(s) per feeding and/or _____ can(s) per feeding
4. I have brought (brand) _____ treats, please give: how many? _____ how often? _____
** Hospital Food = Prescription Purina EN dry for DOGS and Science Diet Maintenance dry for CATS **
- **CANINE SUPERVISION** - your dog will be taken out two to three times daily. If your dog has any special needs or considerations while being exercised, please define below. Also, if your pet cannot be left out without DIRECT SUPERVISION in an outside run, please let us know. (For example, chewing/digging out of fenced enclosures, back disease, collapsing trachea, eats bedding materials. ETC.)
Special needs: _____
- **OTHER ITEMS** -all items left with your pet must be marked with your name and a complete description listed below. RETURN CANNOT BE GUARANTEED, please ask for your items at discharge, if left all items including food will be donated to a local shelter. Personal bedding is not accepted.
1. _____ 2. _____ 3. _____ 4. _____
- **OTHER SERVICES:** All animals must be verifiably current on vaccines. If they are not current on vaccines and/or you have any concerns that you would like the doctor to address. Vaccines will be given if not verifiably current!
- Vaccines requirements for boarding **The below is for information only if your pet needs vaccines ask the receptionist**
Dogs: DA2PP within 12 months Bordetella within 6 months Rabies within NC State Guidelines
Cats: FDVCVR or CVR within 12 months Rabies within NC State Guidelines

I hereby agree to hold the Chatham Animal Hospital, Inc. and its staff blameless in the event of injury, escape or death. I understand that any problem discovered while I am absent will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the expenses involved. If I fail to pick up my pet within 11 days of the pick up date listed at the top of the page and do not make arrangements agreeable to both parties, you may assume my pet is abandoned and are authorized to take whatever action is necessary in this case. THIS IS IN ACCORDANCE WITH STATE LAW 90-187.7. I understand that abandonment does not relieve me of my financial responsibilities, and all costs associated with housing my animals and all costs involved in securing payment.

We will not release your pet to anyone else you authorize it ahead of time. You may release my pet to:

Name: _____ Phone: _____

!!! I Have read and understood all items on this sheet !!!

Owner/ Agent: sign here _____ Print here _____