

ALL PETS BOARDING MUST BE CURRENT ON VACCINES, INCLUDING THE BORDATELLA (KENNEL COUGH)

ALL PETS WILL BE TREATED WITH CAPSTAR UPON ARRIVAL FOR BOARDING

MEDICAL ILLNESS POLICY:

One of the advantages of boarding your pet at our veterinary hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency numbers listed above regarding your pet's symptoms, treatment options and estimate of additional costs. Please indicate your wishes below should your pet require treatment to relieve immediate discomfort or resolve an important medical condition when no one can be reached.

____ Please perform whatever services the doctor deems necessary until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

____ I authorize up to (check one) ____\$100 ____\$250 ____other amount \$_____

____ Do not administer any medical treatment until specific authorization is given.

I understand that anywhere pets congregate, virus can be spread, and that even vaccinated pets may not be 100% protected.

Person to contact in case of emergency:_____

Emergency phone numbers:_____

_____ Owner/agent's signature and date

_____KVH Staff (Sign at check in)

ADMISSION DATE _____ WGT_____

DISCHARGE DATE _____ Expected time of pick up _____

ALL PETS BOARDING MUST BE CURRENT ON VACCINES, INCLUDING BORDETELLA (KENNEL COUGH) VACCINE FOR DOGS.

If your pet is found to have fleas, he/she will be treated with Frontline Plus and all pets will be given Capstar their stay with us, at your expense.

DIET: What type of food? _____

How much food is fed per meal? _____

How many times per day does your pet eat? _____

Has your pet eaten this morning / @ what time: _____

MEDICATIONS: List names of medication _____

Detail dosing schedule _____

When was your pets last dose of each medication: _____

BELONGINGS: (detailed list) _____

SAMPLES NEEDED: (ex, urine/stool) _____

VACCINES CURRENT? YES NO

If not, please sign authorization to update: _____

DOES PET NEED ANY ISSUES ADDRESSED BY DOCTOR? YES NO

If so, please detail: _____

Bath: Yes ___ No ___ Nail trim: Yes ___ No ___ (these are charged at regular rates)

Deluxe: Yes ___ No ___ If so list dates: _____

OTHER: _____

FOR STAFF USE:

DATE/TIME	FOOD/H2O	DEF/UR	MEDS
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