



All Springs Veterinary Hospital

Canine Boarding Admission Form

Check In Date: ___/___/___
 Check Out Date: ___/___/___
 Owner's Name: _____
 Contact Number: _____
 Alternate Contact: _____

Pet's Name: _____
 Pet's Description: _____
 Any illness/injury in last 30days?: _____

Belongings: _____

Date/Brand of last flea preventive: _____
 (if your pet has fleas you will be charged for a Capstar)

Date/Brand of last Heartworm
 preventative: _____

On other medication? _____ Fill out below if yes.
 (there will be a medication administration fee)

The following are required annually for boarding & will require records if not performed at All Springs. We recommend that these be performed prior to boarding.

Check if not up to date, will be performed at visit with a full exam:

- Rabies:
- Da2pp:
- Bordetella:
- Flu: (this is recommended for boarding pets but not required to board)

Services requested during pet's stay:

(additional charges apply)

Nail Trim: ___ Bath: ___ Full Groom: ___

Other: _____

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or a designated agent to discuss the problem and treatment options, but may not be able to contact me and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached. Should an EMERGENCY arise, I authorize the medical staff to sedate/anesthetize my pet and/or perform emergency procedures as necessary until I am contacted. I agree to pay, in full, for all charges rendered to my pet. In the event of death of my pet, I understand that the body will be held until I return to discuss burial options. I also understand that if fleas are found on my pet, ASVH may treat or medicate as needed, and that I will be responsible for all charges.

I understand the hospital is not responsible for lost or damaged personal items left with their pet including, but not limited to, cages, dishes, toys, and bedding.

I will call if my check out 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 proceed as you deem best and/or necessary.*

Owner Release: Only one signature needed for ALL pets left in our care for each boarding stay.

Date: _____
 Owner/Agent Signature: _____

Name of Medication	How much?	How often?

Current Diet (Please be specific)

Type of Food	How Often?	How much?	Special Instructions

If needed, can we move your pet to our Live Oak/Wellborn location? Yes ___ No ___

Please feel free to call and check on your pet any time to see how they are doing!