

# Silverlake Animal Hospital Boarding Form



Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Client ID# \_\_\_\_\_

Best Phone Number To Reach You: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Can you be reached by email? Yes / No address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

\*\* I authorize my Emergency Contact to make medical and financial decisions in my absence  (initial if Yes)\*\*

I would like my pet to have the following addition services: Please circle or highlight your answers

**Bath**  Would you like the bath done morning of pick up or night before? (If morning of please do not pick up before 1pm)

**Individual Playtime**  How often? \_\_\_\_\_ (Playtime is either 1 30 minute session or 2 15 minute sessions in Am & PM)

**Frosty Paws Ice Cream**  How often? \_\_\_\_\_

### Food- Please list your pet's food brand and type if you are bring it with your pet and typical feeding schedule

Dry: \_\_\_\_\_ Amount Per Meal: \_\_\_\_\_ Frequency: \_\_\_\_\_

Wet : \_\_\_\_\_ Amount Per Meal: \_\_\_\_\_ Frequency: \_\_\_\_\_

Treats: \_\_\_\_\_ Quantity: \_\_\_\_\_ Frequency: \_\_\_\_\_

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

### Does your pet typically eat while boarding? Yes / No Is your pet a picky eater? Yes / No

**Medications** – Please list any medications your pet is taking. **There is an additional \$4.68 daily fee for medicating while boarding**

Drug Name, Strength and Reason for Use	Dosage Instruction	Last Time Given
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

### Personal Items \_ Please list and describe all items you left with your pet today

Carrier \_\_\_\_\_  Collar \_\_\_\_\_  Leash \_\_\_\_\_  
 Bedding \_\_\_\_\_  Toy \_\_\_\_\_  Other \_\_\_\_\_

**Fleas and Ticks:** To prevent infection of the hospital and its patients, all incoming pets are carefully examined for any evidence of fleas or ticks. **It any fleas or ticks are detected a treatment will be given at a cost of up to \$35.00.** This policy protects your pet as well as others.

**Current Heartworm, Flea and/or Tick product used:** \_\_\_\_\_ **Date of last dose:** \_\_\_\_\_

**Health:** To protect the health of all our patients every pet boarding must be current on vaccines and a parasite screen. Please have your previous veterinarian send vaccine history ahead of check in if your pet will be new to Silverlake Animal Hospital. If they are not current we will update their vaccines per our hospital protocol. **All vaccine history must be faxed, emailed, mailed or brought into the hospital before the patient checks in for boarding.**

**Illness: If your pet becomes ill or requires immediate medical attention (example: vomiting, diarrhea, seizures, limping, lethargy) while boarding with us, they will be examined and treated by a veterinarian at the owner's expense.**

If non life threatening illnesses are found on exam (example: ear infection, urinary tract infection, skin infection) would you like us to: **Treat  or Not Treat** ?

\* I understand and agree that any incurred boarding or medical expenses will be the responsibility of the owner or agent and must be paid in full at the time the pet is picked up.

**Authorized Owner/ Agent** \_\_\_\_\_ **Date** \_\_\_\_\_