

PLEASE FILL OUT COMPLETELY
SO THAT WE MAY PROVIDE YOU WITH EXCELLENT SERVICE!

Owner: _____ Pet: _____

Boarding Dates from: _____ (_____) to: _____ (_____)

Contact information: Phone numbers where we can reach *you* or an *alternate contact* (not traveling with you and who can make decisions on your behalf if you can't be reached), in an emergency.

Primary contact - Name: _____ Number: _____

*Will owner be in U.S. and reachable? Yes No if no, where and which time zone? _____

Secondary contact- Name: _____ Number: _____

Alternate contact- Name: _____ Number: _____

Who will pick up pet(s): Owner Other (give name): _____

Authorized person(s) to pick up in emergency: _____

(If someone else is picking up, please be sure payment has been arranged in advance)

Office use	
Are vaccines and Exam current?	
Dog	Cat
Dhpp <input type="checkbox"/>	Drc <input type="checkbox"/>
Dap3 <input type="checkbox"/>	Drc3 <input type="checkbox"/>
Rab <input type="checkbox"/>	Rab <input type="checkbox"/>
Lepto <input type="checkbox"/>	Exam <input type="checkbox"/>
Bord <input type="checkbox"/>	
Exam <input type="checkbox"/>	
Need Est. for Sunday or holiday p/u?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Filed out	
Sheet. Initial _____	

Unforeseen Medical Issues and Emergencies: If minor medical treatment needs to be administered to your pet to maintain its health while here (i.e. treatment for diarrhea, minor wounds, etc), do you authorize the Veterinarians at Hatton Veterinary Hospital to prescribe and administer treatment, and agree to pay the costs incurred for such treatment? Yes, Yes, up to: _____, No, call me first (*If you are unreachable, we will proceed with the treatment.*)

If major treatment is involved, we will make every attempt to contact you first

Feeding and Treats: HVH food Client food

How much, how often: _____

Can we offer other food if your pet is not eating? Yes, Yes, restricted to: _____, No, call first

Does your pet have food allergies? Yes, per what Doctor, and to what? : _____, No

Brand of regular food: _____

Medications and Health: Please list any medications by name along with instructions and when to give the next dose. ***There will be a fee charged for treatments. Please inquire for specifics.***

None Medication(s): _____

Has there been any recent sneezing, coughing, vomiting, diarrhea, or any other changes in health or temperament? Yes No General health concerns: _____

Please bring any health concerns to kennel assistant's attention

Belongings and Boarding Requests: Please list all items that were brought (beds, toys, food, medication) and describe them. We encourage you to label all belongings - You are responsible for ensuring the items go home when you pick up your pet. ***If your pet's bed becomes soiled, it will be washed and may get bleach marks on it***

None Medication Belongings: _____

Office use
Reachable Emerg# <input type="checkbox"/>
Feeding:
Owner fed:
AM <input type="checkbox"/>
NOON <input type="checkbox"/>
PM <input type="checkbox"/>
Medication:
Owner gave:
AM <input type="checkbox"/>
NOON <input type="checkbox"/>
PM <input type="checkbox"/>
Reviewed w/ Owner at check-in:
Initial _____

Please list any additional procedures for your pet's boarding stay such as baths, Doctor recommendations, or other special considerations. (All medical procedures must be cleared by the doctor in advance.) Please bring to a kennel assistant's attention. _____

Flea Prevention: We recommend your pet be on a flea preventative. If your pet is not on flea prevention, we can apply a topical or use an oral product called Capstar if you so choose.

Is your pet on a flea prevention? Yes (give name): _____ No

Would you like flea prevention for your pet(s) while boarding? Yes, give _____ No

If obvious fleas are found on your pet while staying with us, we will give a dose of Capstar (less than \$5.00 per dose)

Capstar is a very safe oral product that will leave no pesticide residue on your pet, and will kill any fleas on your pet within 4 hours.

Signature: _____

Multiple Dogs: N/A

Separate at all times Board separate, walk together Feed separate, can board together Board together if possible

Other: _____