

Patton Veterinary Hospital Boarding Information Sheet

****PLEASE COMPLETE AND RETURN AT TIME OF ADMISSION****

Emergency Contact Name: _____ Emergency Contact # _____

Others authorized to pick up: _____

Belongings Left: Please label ALL items.

**We will supply size appropriate blankets and beds for your companion. Due to the tendency for animals to destroy blankets while in an enclosed space we do not recommend that you bring any personal belongings. PVH is not responsible for any items destroyed or lost while in our care.

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Treats: |
| <input type="checkbox"/> Toys: | <input type="checkbox"/> Leash/Collar: |
| <input type="checkbox"/> Other (please describe in detail): | |

Permission to supply a blanket: do do not

Dietary Requirements: Please select one: OWN or PVH to supply

**PVH serves EN dry and canned. Please indicate if your pet receives dry, canned or both. A sudden change in diet can cause diarrhea, it is our recommendation that you supply your own diet in pre-measured bags to assure accurate feed.

Name of Diet: _____ Dry/Canned/Both

Quantity: _____ Frequency: _____

Special Procedures: (Please check all that you would like performed)

- | | |
|--|---|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Pedicure |
| <input type="checkbox"/> Vaccinations: | <input type="checkbox"/> Anal Gland Expression |
| <input type="checkbox"/> Heartworm/Lyme Test | <input type="checkbox"/> Leukemia Test |
| *Canine Only | *feline Only |
| <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Other (please describe in detail): |

Alerts/Special Requirements:

Medications

Name of Medication: _____ Dose: _____

How often do you give the medication: _____

Was it administered on day of admitting? _____ If yes, what time was it admitted? _____

Play Yard (Canine Only)

Free Rein: Leash Walk Only:

Additional Alerts to Monitor for:

Medical Treatment Permission:

All animals entering the hospital must be current on core vaccinations and free of external parasites or they will be treated at the owner's expense.

I authorize the veterinarian to perform any necessary services should an emergency situation arise, to include sedation as required. I understand that the medical staff for PVH will attempt to contact me to authorize treatment of incidental ailments such as ear infections or diarrhea, which may occur during my companion's stay. I am aware that additional charges including doctor exam fee and medications will apply. If I am unable to be reached within a 4 hour time frame, I **do** / **do not** give authorization to PVH to examine and treat my companion should the medical need arise without any additional verbal contact.

Confirmation for Admission and Discharge:

I agree to pick up my companion on the discharge date and time I have requested, or contact the office with updated information prior to this time. If I do not pick up my companion within 5 days of the discharge date, my companion will be considered abandoned. If this situation should occur, the appropriate legal action will follow.

ADMISSION DATE:

DISCHARGE DATE:

TIME:

Please check one of the following that applies to your companion:

*Canine Only

My dog is up to date with his or her Bordetella (Kennel cough) vaccination.

My dog has been vaccinated less than 2 weeks prior to boarding, but I choose to board him or her anyway and will not hold PVH responsible if he or she develops Bordetellosis (Kennel Cough)

Signature:

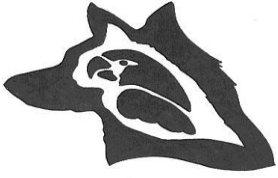
Date:

Office Use--

CR Checking In: __

Weight at Check In: __

THE PATTON VETERINARY HOSPITAL
AMERICAN ANIMAL HOSPITAL ASSOCIATION
MEMBER HOSPITAL



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RED LION, PA 17356
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www.pattonvethospital.com

PICTURE RELEASE PERMISSION FORM

I give the Patton Veterinary Hospital permission to post my pet's picture on the hospital website, yearly calendar and/or any of our pages on social media sites. I understand that the picture may not be completely secure on the website. I do not hold the Patton Veterinary Hospital or its staff members responsible in the event that my pet's picture is taken from the website.

I, _____ give my permission to the Patton Veterinary Hospital to post my pet's picture for social media purposes. I have read the above statement and understand the terms.