

Patton Veterinary Hospital (PVH) Boarding Sheet

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.

- None Treats: __
 Toys: __ Leash/Collar: __
 Other (please describe in detail):

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: __

Is your pet's appetite: Increased Normal Decreased
Is their thirst: Increased Normal Decreased
Is their urine production: Increased Normal Decreased

Have there been any vomiting/diarrhea/changes in energy levels? __

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

- Bath Pedicure
 Vaccinations: Anal Gland Expression
 Heartworm/Lyme Test Leukemia Test
*Canine Only *Feline Only
 Ear Cleaning Other (please describe in detail): __
 Blood Glucose Curve

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 administered? __

INSULIN TYPE: __ **AMOUNT:** __ **Frequency:** __

What time was the insulin last given today: __

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: __

Photo Release Information:

I **do** **do not** 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.

Canine Bordetella Information:

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)

Staff Initials: __

Signature:

Date: