BAKERSFIELD VETERINARY HOSPITAL
BOARDING ADMISSION FORM

_____
Patient Name

Check In Date: _____

Pick Up Date & Time: _____

Pet History

If you answer "yes" to any of these questions please explain.

Does your pet have any conditions?	Yes	No	_____
Any vomiting, coughing, sneezing, or diarrhea?	Yes	No	_____
Is your pet allergic to any drugs?	Yes	No	_____
Has your pet had any injuries in the last 30 days?	Yes	No	_____

If any problem is observed or develops (Please **check one**):

☐ Please treat my pet as required; you need not wait to reach me. I understand there will be additional fees.
☐ Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
☐ Do NOT perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended

Recep Int: _____

Name & Phone # to be reached in case of emergency: _____

Did You Provide Your Own Food? **Yes** **No** ***If "No", we feed Purina EN Dry & canned food.***

Feeding Instructions While Boarding: **How Much: Dry: ____c Wet: _____tbsp Time last fed: _____**

How often: _____ x a day or Free Feed Dry

- *All animals will be administered a flea product on admission into our facility*
- *All dogs will be walked three times daily by our staff.*

Medications can be administered, if needed, to your pet during their stay for *an additional cost*.
Please list all medications and instructions for our staff. Please note date and time of last doses given.

1. _____ **Last Dose Given: Dt_____ T_____**
2. _____ _____ **Last Dose Given: Dt_____ T_____**
3. _____ **Last Dose Given: Dt_____ T_____**
4. _____ **Last Dose Given: Dt_____ T_____**

Admitting Physical Exam— *to be completed by staff members only*
Weight: _____ Temp: _____ Fleas or Ticks? _____

Temperament: _____

	Normal	Abnormal
Ears	☐	☐
Teeth	☐	☐
Skin	☐	☐
Capstar Given	☐	

Tech Initials_____ Kennels Initials_____