

## 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.

Admitting Physical Exam— *to be completed by staff members only*

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ Fleas or Ticks? \_\_\_\_\_

	Normal	Abnormal
Temperament: _____	Ears <input type="checkbox"/>	<input type="checkbox"/>
	Teeth <input type="checkbox"/>	<input type="checkbox"/>
	Skin <input type="checkbox"/>	<input type="checkbox"/>
Tech Initials _____ Kennels Initials _____	Capstar Given <input type="checkbox"/>	