

# 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 that puts my pet's health at risk while in the care of Bakersfield Veterinary Hospital, I understand there will be additional fees incurred for services done to treat the issue(s).

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

**\*While in boarding, pets might experience moments of inappetence or run out of their own food. In cases like this, if the patient is stable and healthy otherwise, please: (Check one of the following boxes to indicate how we proceed)**

- My pet has no known food allergies. Please offer BVH diet (Chicken ok as last resort x \_\_\_\_). No need to call.

My pet is on a Prescription Diet: \_\_\_\_\_. I understand that I will be charged for \_\_\_\_\_ *(please list size and/or quantity)* upon pickup, if needing to be opened. Please consult DVM on staff for instructions if my pet is not eating.

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

Ward: _____ Kennel Type: _____	<input type="checkbox"/> Grooming Scheduled for: _____	Lux Bath Given: Date: _____ Time: ____ Int: ____	<b>CHECK-IN</b> Recep Int: _____ Kennel Int: _____ Tech Int: _____
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