



Boarding Paperwork

Boarding Dates:	Owner Contact #:
Emergency Contact Name:	Emergency Contact #:

Label (Staff Use)

Feeding Instructions

Whose food are we feeding?: <input type="radio"/> I brought my own <input type="radio"/> Please feed clinic stock	If you brought your own, what brand is it?:	Did you bring treats?: <input type="radio"/> Yes <input type="radio"/> No
What time is your pet due to be fed next?:	How many times per day will we feed?: <input type="radio"/> Once <input type="radio"/> Twice <input type="radio"/> Three times	If you brought treats when would you like us to give them?:
How much food does your pet get per feeding?:	Does your pet have food allergies?: <input type="radio"/> Yes <input type="radio"/> No	If you did not bring treats is it ok for us to give our hypoallergenic ones?: <input type="radio"/> Yes <input type="radio"/> No
I understand that if my pet runs out of it's own food while boarding the clinic will provide a high quality brand as a substitute unless otherwise instructed: <input type="radio"/> Yes <input type="radio"/> No		If your pet is not eating well, would you like us to charge a can of wet food to your account to encourage them to eat?: <input type="radio"/> Yes <input type="radio"/> No
Please write any additional feeding instructions if applicable:		

Medications

Do we need to give your pets medication while here boarding?: <input type="radio"/> Yes <input type="radio"/> No				
Name of Medication	Dosage	How many times per day is this medication given?	What time was this medication given last?	What time is this medication due to be given next?

Medications Continued

If your pet runs out of a medication while boarding do you want us to refill it and charge to your account?: <input type="radio"/> Yes <input type="radio"/> No	Can we prescribe anti-anxiety medication if necessary and charge to your account?: <input type="radio"/> Yes <input type="radio"/> No
If your pet experiences stress vomiting or diarrhea, may we prescribe something to help?: <input type="radio"/> Yes <input type="radio"/> No	I understand that if NEW medications are prescribed for my pet I will be charged for an exam by the veterinarian: <input type="radio"/> Yes <input type="radio"/> No
I understand and accept that there are additional daily charges to medicate my pet: <input type="radio"/> Yes <input type="radio"/> No	
Please write any additional information about your pets medication(s) you think we should know:	

Extras I would like to receive the following:

- Daily Picture Text Bedtime Peanut Butter Kong
 Phone # _____ \$5.00
- Bath or Groom (Subject to availability - groomer is only available Monday - Friday)

Legal Please read and check each statement:

- I understand that all pets left here for boarding must be current on all required vaccines and free of external and internal parasites such as fleas and ticks. If parasites are noticed on your pet APAH will notify owner and then administer medication at the owner's expense.
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- Boarding drop off and pick up is from 8 AM to 5 PM. The ER staff does not have the capacity to accommodate boarding clients. I understand that if I'm running late to pick up, my pet will have to stay an additional night.

Signature of Pet Owner

APAH Staff Signature

Staff Use Only

Patient Alerts:

Patient Belongings:

Tech/ACA Checklist:

- Kennel made
- Cage card made with patient alerts
- Neck band placed on pet
- Belongings photographed and entered in SmartFlow
- BAS created as needed
- Bas approved by DVM as needed