

Boarding Admission Form

(636) 464-8573

Owner's Name: _____ Date In: _____ Date Out: _____

Name and phone number of responsible party to be reached in case of emergency:

Name: _____ Phone Number: _____

Pet's Name: _____

Breed: _____ Age: _____

Sex: _____ Color: _____

Veterinarian: _____

Phone: _____

DHPP-CV _____ RV _____ BORD _____

FVR-CP _____ RV _____ FELV _____

FELV/FIV _____

Pets Name: _____

Breed: _____ Age: _____

Sex: _____ Color: _____

Veterinarian: _____

Phone: _____

DHPP-CV _____ RV _____ BORD _____

FVR-CP _____ RV _____ FELV _____

FELV/FIV _____

PHYSICAL EXAM

	Normal	Abnormal
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Heart/lungs	<input type="checkbox"/>	<input type="checkbox"/>
Fleas	<input type="checkbox"/> YES	<input type="checkbox"/> NO

	Normal	Abnormal
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Heart/lungs	<input type="checkbox"/>	<input type="checkbox"/>
Fleas	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Any illness in the last 30 days?

Medications to be given

Owners Release:

You are to use all reasonable precautions against injury, escape, or death of my pet. The clinic/boarding facility will be held harmless for any problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet while I am absent will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the treatment expenses involved.

If I neglect to pick up my pet within 5 days of the above date and do not notify you within that period, you may assume that my pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary. I have been provided with written boarding policy handout explaining the boarding policies and regulations.

I hereby authorize Imperial Animal Hospital, Inc. to vaccinate my pet.

Owner/Agent signature: _____

Number of days boarding: _____ Fee per day: _____ Sub total _____

HOURS:
Monday - Friday - 8:00 am - 6:00 pm
Saturday - 8:00 am - 2:00 pm
Sunday Release - 4:00 pm - 6:00 pm
Except Holidays

Vaccinations: _____
Treatment by Dr. _____
Flea treatment _____
Grooming/bathing _____
Total _____