

Boarding Intake Form

Owner's Name: <first-name> <client>

Phone number where you can be reached in case of emergency: _____/_____

Pet's Name: <animal> **Breed/description:** <breed>, <color>

Drop off date: _____ **Pick up date and time:** _____

Do you have more than one pet boarding? Yes No If yes, are they sharing a kennel? Yes No

FOOD & MEDICATION

How many times per day does your pet eat? **1 time/day (AM or PM)** **2 times/day**

How many cups per meal does your pet eat? _____ **cup(s) per meal**

Are you providing your pet's own food? **YES NO**

If yes, what food are you providing? _____

Is Smith & Shedd administering medication to your pet? **YES NO**

If yes, please indicate:

Medication name _____ Dosage _____ Schedule _____ Last Dose Given _____

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Please list/describe any items you are leaving with your pet, including food bins

(Please label each item with your pet's first/last name)

*Smith & Shedd Family Pet Hospital is not responsible for items lost, destroyed or damaged.

Additional Services Requested: (Such as Microchip ID, Rattlesnake Vaccine, Anal Gland Expression, Canine Lymes Disease Vaccine, Heartworm/Lymes Test, Bloodwork, Ultrasound/X-rays to screen for disease, Grooming)

****For Kennel Use Only****

Bath Nail Trim Tech Exam Capstar

Bathing: Pets that enjoy lengthy stays become part of our family. If they stay three or more nights, a complimentary bath will be given unless otherwise specified by the owner. Smith & Shedd Family Pet Hospital will give the complimentary bath the morning of departure unless otherwise specified.

Complimentary Services: Any Pet boarding in our facility for at least one night will receive the following services with our compliments: technician examination and nail trim.

<p>Parasite Policy: Pets admitted to our facility must be free of internal and external parasites including intestinal worms, fleas, ticks, and mites. All pets will be treated with Capstar, an oral flea preventative that is safe to use, even if any other topical flea preventative has been given. If other parasites are discovered, your pet will immediately be quarantined, and you will be contacted for consent of treatment of said parasites. If treatment is declined, you are required to make immediate arrangements to have your pet removed from our facility. Treatment will be administered according to normal standards of veterinary care and these additional charges will be added to your bill, in the event you cannot be contacted within one hour of discovery of these parasites.</p>	<p>Capstar: \$4.85</p> <p>Initial:</p> <hr/>
<p>Vaccination Policy: In order to protect the health of your pet, all pets being admitted to Smith & Shedd Family Pet Hospital are required to be current on all vaccinations. It is your responsibility to provide current records of vaccinations. If any of your pets' vaccinations are past due, they must be inoculated upon admittance, and these additional charges will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.</p> <p>LIST OF REQUIRED VACCINATIONS:</p> <p>*A doctor's comprehensive wellness examination is required with administration of most vaccines.</p> <ul style="list-style-type: none"> •Dogs: Rabies, Distemper/Parvo/Adenovirus, Leptospirosis, Canine Influenza. Bordetella within six months; intestinal parasite examination within one year. •Cats: Rabies, Distemper, Rhinotracheitis, Calicivirus, Panleukopenia, Leukemia, and an intestinal parasite exam within one year. 	<p>Initial:</p> <hr/>

I certify and represent that I am the owner or owner's agent for the patient listed. I authorize the veterinarians and staff to provide the services listed above and, in the event of an emergency, to provide reasonable medical or surgical care necessary for the health of my pet. I understand that an attempt will be made to contact me before services are performed, but I give permission to perform them if I cannot be contacted. I agree to indemnify, release, covenant not to sue and hold harmless Smith & Shedd, its veterinarians, staff, and employees from any and all liability arising out of the performance of any of the above referenced procedures, including the escape of my pet, vaccinations, administration of medications, or boarding of the above referenced pet, including any claims or causes of action based on the negligence, in whole or in part, of Smith & Shedd, its veterinarians, staff, and employees, but not the gross negligence of any of the foregoing. I understand that I am indemnifying the foregoing from and against their own negligence, but not gross negligence. I further understand that certain risks are involved in boarding a pet, including, but not limited to, the possibility of the spread of infectious disease, internal and external parasites, fleas, ticks, mites, and I agree to indemnify and hold Smith & Shedd harmless from and against any damages, causes of action or liability arising from infestation of any of the same while boarding with Smith & Shedd.

I agree to pay in full at the time of discharge reasonable charges for services rendered. I understand that reasonable care will be taken with the items left with my pet, but I do not hold Smith & Shedd responsible for their return.

I authorize the release of my pet to: _____

Signature of Owner or Authorized Agent: _____ **Date:** _____