



## Boarding Questionnaire and Consent Form

Date of check in: \_\_\_\_\_ Date of check out: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID #: \_\_\_\_\_

Client phone number while patient is boarding: (\_\_\_\_\_) \_\_\_\_\_

Alternate phone number or local emergency contact: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Breed: \_\_\_\_\_ M / N / F / S

**Hospital staff only** - initials ensuring patient is current on all vaccines before boarding: \_\_\_\_ (Rabies, DA2PP, Bordetella)

### Oak Hammock Animal Hospital Services

Does this patient need to see a Veterinarian while boarding? Yes \_\_\_\_ No \_\_\_\_

If so, what services would you like for us to provide? (Circle all that apply)

Check ears	Check skin	Exam	Vaccines	Bloodwork
Spay/Neuter	Declaw	Dental	Mass Removal	Recheck Exam

#### History:

- Is (patient name) eating and drinking okay? Yes \_\_\_\_ No \_\_\_\_
- Any coughing, sneezing, vomiting, or diarrhea? If so when did it start? \_\_\_\_\_
- Is (patient name) on any type of heartworm and flea/tick preventative? Yes \_\_\_\_ No \_\_\_\_  
If yes, which brand(s) \_\_\_\_\_ Date last given? \_\_\_\_\_
- Are there any other concerns you would like the veterinarian to know about?
- If your pet is in need of unexpected medical care while boarding with us, would you want the doctor to examine your pet? (Such as diarrhea, coughing, vomiting, not eating/drinking, skin/ear infection, etc)  
\_\_\_\_ Yes, it is okay to treat them and then call. (exam fee, plus necessary medications)  
\_\_\_\_ No, call and get permission to treat first.

#### Medications:

Is (patient name) currently taking any daily medications? Yes \_\_\_\_ No \_\_\_\_  
(If yes, remember to get name, dose, how often and when it was last received.)

#### Diet:

What does (patient name) eat? \_\_\_\_\_

How often? \_\_\_\_\_ How much? \_\_\_\_\_

Did you bring the pet's food along for boarding? Yes \_\_\_\_ No \_\_\_\_

(If no, please inform owner that patient will be fed Hill's Canine/Feline Maintenance diet while boarding.)

Additional feeding instructions/notes:

**Hospital staff only** – Initials of technician responsible for checking in patient: \_\_\_\_\_

**Grooming:**

Would you like (patient name) to be groomed while boarding? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, get quote from groomer)

Would you like (patient name) to have the Homeward Bound package while boarding? Yes \_\_\_\_\_ No \_\_\_\_\_

(For DOGS ONLY – consists of a bath, brush out and nail trim for \$30.00)

Nail trim (\$12): Yes \_\_\_ No \_\_\_      Anal glands (\$18): Yes \_\_\_ No \_\_\_      Bath only (\$20-35): Yes \_\_\_ No \_\_\_

**Hospital staff only** – Initials of technician who wrote all veterinary and grooming needs on the board: \_\_\_\_\_

– Paper collar labeled with patient name and placed on patient: \_\_\_\_\_

## **REQUIREMENTS FOR BOARDING**

1. Boarding animals must be current on all vaccines (Rabies, DA2PP, Bordetella) and must have had an exam with a staff veterinarian within the last 12 months. Vaccinations and fecals which are not current will be done on the day of check-in.
2. All animals must be free of external and internal parasites (ex. fleas, ticks, intestinal worms)  
If a boarding patient is found to have any external parasites, or has a positive fecal examination, medicine will be administered by our hospital staff.

## **DISCLAIMER**

1. All reasonable efforts will be made to prevent injury or escape of the pet. Oak Hammock Animal Hospital is not responsible for the actions of a pet that cause injury or escape.
2. Oak Hammock Animal Hospital is not responsible for personal pet items.
3. We provide Hill's Canine/Feline Maintenance food. If your pet requires other food which we sell, we are happy to invoice and provide that food to your pet if you did not bring it along.
4. Owners must bring in any medications that the pet is currently taking. If medications are not brought in with pet, cost of medication will be added to the invoice.
5. In the case of an emergency, a staff veterinarian will treat your pet as necessary. Oak Hammock Animal Hospital will attempt to reach you and/or your emergency contact person by phone, but we cannot guarantee such contact. Your signature below confirms that you agree to accept full financial responsibility for all charges related to the treatment of your pet while in our care.
6. If there are any concerns or potential illnesses associated with your pet's boarding stay, please return to Oak Hammock Animal Hospital for evaluation and treatment. Expenses incurred if you pet visits another veterinarian will not be covered by Oak Hammock Animal Hospital.

## **DISCHARGE**

\*\* Pets may only be picked up during normal hours of operation. \*\*

Between 8:00 AM – 5:30 PM on Monday-Friday and between 8:00 AM - 12:00 PM on Saturday.

Pets are not discharged on Sundays or holidays.

**I have read the boarding requirements, disclaimer and discharge. I approve the hospital's policies.**

**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_