

Boarding Registration

Pet's Name : _____ Pet's Weight: _____
 Boarding Date: _____ TO _____
 Phone Number: _____
 Emergency/In-Town Contact Number: _____

Feeding Instructions

Own Food House Supply
 How Many Cups Per Meal? _____
 How Many Times Per Day? Once Twice
 Has Your Pet Eaten Today? No Yes

Medical Problems

Is Your Pet Currently On Any Medications? No Yes
 If Yes, Has Your Pet Had Their Medication Today? No Yes If Yes, Please Describe: _____
 Does Your Pet Have Any Health Issues (i.e. diabetes, arthritis, etc.)? No Yes
 Does Your Pet Require Any Special Medication or Treatment for the above Condition(s)? No Yes
 Does your pet have any known drug or food allergies/reactions? No Yes
 If yes, please indicate suspected drugs or foods:

Has Your Pet Been Seen By their Regular Veterinarian In The Last 6 Months For Anything Other Than Wellness visits?
 No Yes If Yes, Please Describe: _____

Does Your Pet Have Any Incisions/Sutures/Staples? No Yes If Yes, Please Describe Date, Locations and Reason:

Has Your Pet Been Treated With Flea/Tick Medication Within The Last 30 Days? No Yes
 If Yes, Please Indicated What Flea And Tick Medication Was Used And Date Given: _____

Behavior

Does Your Pet Chew Bedding? No Yes
 Is Your Pet Afraid Of Thunderstorms? No Yes
 Does Your Pet Have Any Other Phobias That We Should Be Aware Of: No Yes
 If Yes, Please Describe: _____

PLEASE TURN OVER

<u>Personal Items</u>
Please List Any Person Items Brought With You For Your Pets Stay:

We would like to know how to proceed if your pet develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your pet's comfort and their ability to receive rapid medical treatment should problems occur. Should your pet not respond to these initial measures, further treatment may be warranted.

PLEASE SELECT FROM ONE OF THE FOLLOWING OPTIONS:

- I give my permission to have Advanced Care initial measures to treat my pet for minor medical conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I DO NOT NEED TO BE CONTACTED FIRST.

- I give my permission to have Advanced Care take initial measures to treat my pet for minor medical conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I WOULD LIKE TO BE CONTACTED FIRST.

- I WOULD LIKE TO BE CONTACTED BEFORE ANY MEASURES ARE TAKEN TO TREAT MY PET FOR ANY CONDITION, I understand that if neither I nor my emergency contact is reachable. Or if my emergency contact does not give permission to treat until I am reached, Advanced Care will take steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

*** I authorize ACVH to administer the following vaccinations/labs while _____ is boarding.

- _____
- _____
- _____
- _____
- _____

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics and treatments provided.

Client Initials _____

Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact we are unsuccessful medical decisions regarding your pets care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.

EMERGENCY CONTACT NUMBER:

_____ Client Signature

Please select whether you approve or decline to give us permission to use your pet's photos as outlined below:

___ Approve use ___ Decline use

By Checking the approve box I hereby give ACVH permission to use photographs of my pet, on Facebook and other social media applications.