



BELLBRAE ANIMAL HOSPITAL

BOARDING CONSENT AND ADMISSION FORM

Owner: <first-name> <last-name>

Case No: <number>

Street: <address>

<address2>

City: <city>

Phone: <area> <phone>

Patient: <animal>

Breed: <breed>

Sex: <sex-name>

Age: <age>

Color: <color>

GENERAL INFORMATION (to be filled out by owners)

Has your pet ever exhibited aggressive/possessive behavior with:

People: _____ Other Dogs: _____ Other: _____ If yes, please explain: _____

Is there any reason your dog cannot have a bed or a blanket? i.e. allergy, blanket chewing etc. _____

Does your dog have exercise limitations? _____

Please share any additional information that may be helpful to our staff in providing the best possible care and enjoyable stay for your pet at Bellbrae Animal Hospital.

VACCINATIONS

For the protection of all boarders and to prevent disease while your pet is in our care, we require all dogs and cats to be up to date on vaccinations including Bordetella (kennel cough).

Date of Rabies Vaccination: _____

Date of Bordetella Vaccination: _____

Hospital where vaccination was performed _____

DIET

All pets boarded at Bellbrae Animal Hospital will be provided with breakfast and dinner, as well as a snack at lunchtime.

We use veterinary exclusive Medi-Cal diets in our hospital as well as for our boarding patients. You may also provide your pet's regular diet if you wish. **(excluding commercial raw diets).**

Feed In House Diet: _____

Feed Diet Provided by Owner: _____

Any Special Feeding Instructions: _____

CURRENT MEDICAL INFORMATION:

Name of Medication	Reason for Use	Frequency
_____	_____	_____
_____	_____	_____

Any medical or health concerns? _____

**Medical or Other Procedures to be performed while your pet is boarding. Check any that apply:
(PLEASE NOTE: an appropriate charge will be applied to the client's account)**

- Physical Examination and health consultation _____
- Vaccination _____
- Nail Trim _____
- Routine/Senior Wellness Profile (blood screen and urinalysis) _____
- Heartworm Test _____
- Fecal Check _____
- Urinalysis _____
- Microchip Implant _____
- Ear examination and treatments _____
- Anal Gland examination _____
- Dog Bath and or brush _____

Other _____

BOARDING DATES: _____

EMERGENCY CONTACT NUMBER: _____

CONTACT NAME (If different than above): _____

Home phone number _____ Cell phone _____

Email address _____

I hereby authorize the above mentioned animal to be boarded in this facility. In the event of a medical emergency, every effort will be made to contact me or named person at the number shown above. If the attending veterinarian deems immediate medical treatment necessary, I hereby, authorize such treatment if the above named person or I cannot be contacted. I understand that I will be responsible for any fees incurred by such treatment. Proof of vaccinations status is required.

I have completely read and understood the consent form, and I accept and agree to all the above terms of it.

<first-name> <last-name>

DATE:<date>