

Eagle Veterinary Hospital*4701 McCullough Ave, San Antonio, TX 78212*(210)822-5211

Date _____

BOARDING ADMITTING FORM

Owner's Name _____ Date _____

Pet's Name _____ Breed _____ Age _____ Sex _____ Color _____

Pet's Name _____ Breed _____ Age _____ Sex _____ Color _____

VACCINE ACCLAMATION: "I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires rabies vaccine as well as DHLPP, Bordetella, and Canine influenza vaccines for dogs and FVRCP vaccine for cats to be current. I decline vaccinations at this time because vaccinations have been given elsewhere and are current. I can & will provide written evidence of current vaccinations." "Furthermore, I understand that if I am unable to show this evidence, my pet(s) will be vaccinated per clinic policy at my expense."

OWNER / AGENT INITIAL: _____

Is the pet on heartworm preventive? _____. If so, which? _____

Has the pet been checked for intestinal parasites in the last 6 months? _____

Your pet must be confirmed to be free of intestinal parasites. If not, a stool sample will be tested here and treatment will be given if necessary.

Any vomiting, coughing, sneezing or diarrhea? _____

Is your pet allergic to any drugs? What? _____

Has your pet had any illness or injury in the past 30 days? _____. If so, describe

Is pet currently on any medication? _____. If so, What? _____

Current Diet: _____

Special Feeding Instructions: _____

IF FLEA EVIDENCE IS PRESENT, WE WILL APPLY MEDICATION TO ELIMINATE FLEAS AT OWNER EXPENSE.

Check in _____ AM _____ PM

Expected Check out: Date _____ at _____ AM _____ PM

OWNER RELEASE

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached.

If any problem is observed or develops:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do NOT perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an EMERGENCY arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to sell/adopt my pet. I will still be responsible for the outstanding balance.

I have been provided with a copy of the boarding policy handout/brochure explaining boarding policy and regulations.

I understand there is an additional charge for any pet deemed aggressive during the boarding period.

Date: _____ Owner / Agent: _____

Name & Phone Number of Responsible Party to be Reached in an Emergency:

_____.

