

Atlantic Animal Clinic

Boarding Admission Form

Expected Discharge Date: _____ AM Noon Early PM Late PM

1. Boarding Requirements:

- Written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding the pet(s).
 - Intestinal parasite test is required if it has been more than 6 months since the last testing.
 - Capstar will be administered to all pets staying with us as a flea preventative.
 - If parasites are found internally or externally on your pet during their stay, they will be treated as Atlantic Animal Clinic determines, and the cost of the treatments will be added to the total bill.
2. If your pet must be separated from our other boarding patients, he/she will be put into our isolation ward and additional isolation charges will apply and be added to the final bill.
3. _____ Please check here if a bath is requested prior to discharge. If a bath is performed, pick up is between 3:00 and 4:30 p.m. Monday – Friday.
4. If someone else other than yourself will pick up your pet, arrangements must be made with the Atlantic Animal Clinic regarding payment. Agent: _____ Phone Number: _____.
5. In the event of a Category 1 Hurricane warning or higher, it is necessary for all pets to be evacuated, and pet owners are required to provide a name and phone number for person authorized to pick their pet up. Payment will be expected at the time of discharge. Contact person: _____ Contact number: _____
6. Has your pet shown any of these additional signs/symptoms? (Check all that apply)
- | | | | | | |
|-----------------------------------|-----------------|--------------------------------------|-----------------|---------------------------------------|-----------------|
| <input type="checkbox"/> Vomiting | How long? _____ | <input type="checkbox"/> No Appetite | How long? _____ | <input type="checkbox"/> Shaking Head | How long? _____ |
| <input type="checkbox"/> Diarrhea | How long? _____ | <input type="checkbox"/> Weakness | How long? _____ | | |
| <input type="checkbox"/> Coughing | How long? _____ | <input type="checkbox"/> Limping | How long? _____ | | |
| <input type="checkbox"/> Gagging | How long? _____ | <input type="checkbox"/> Seizures | How long? _____ | | |
| <input type="checkbox"/> Sneezing | How long? _____ | <input type="checkbox"/> Scratching | How long? _____ | | |
| <input type="checkbox"/> Lethargy | How long? _____ | <input type="checkbox"/> Scooting | How long? _____ | | |

Regarding the treatment of my pet during its stay: (owners check all appropriate)

_____ I authorize Atlantic Animal Clinic's veterinarians representative to perform any necessary diagnostics, treatments or procedures as deemed necessary should my pet experience any illness while boarding. Atlantic Animal Clinic representatives will make all efforts to reach me prior to starting any treatment.

_____ Please contact me before proceeding with any necessary treatments. If I cannot be reached, I understand that I am requesting that necessary treatment be postponed until I can be reached.

Signature of Owner or Owner's Agent _____

Contact phone number: _____ Additional phone number(s) _____

Admitted by (initials): _____ Date of Admission: _____