

BOARDING ADMISSION FORM

FRANKFORD PET HOSPITAL

Owner's name: _____

Pet's name: _____ Breed: _____ Color: _____

Today's date: _____ Check out date: _____

VACCINATION DECLINE: "I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Distemper/ Parvo vaccination for dogs and/or feline distemper vaccine for cats be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I can and will provide written evidence of a current rabies vaccination within 24 hours of notification to do so."

Initials of owner: _____

To keep our boarding environment "flea free," all cats and dogs being boarded will be given a Capstar. There will be an additional charge of \$4.20 for this service.

Is your pet: Vomiting _____ Coughing _____ Sneezing _____ Having Diarrhea _____

Is your pet allergic to any drug (s)? Yes _____ No _____

If so, what drug (s): _____

Has your pet had any illness, surgery, or injury in the last 30 days?

Yes _____ No _____ If yes, what? _____

Is your pet on any medication? Yes _____ No _____

If so, what medication and what are the instructions? _____

Optional Services Available

Nail Trim _____ Kennel Bath _____ Full Groom _____ Ear Cleaning _____

I understand that Frankford Pet Hospital is not responsible for loss or damage to personal items left with my pet (including but not limited to leashes, collars, bedding and toys).

Signature: _____ **Emergency contact # :** _____