



# Canine Diabetic Boarding Admission Form

# \_\_\_\_\_  BRC

**Animal Name:** \_\_\_\_\_ **Last-Name:** \_\_\_\_\_

**Boarding Dates:** Arrive Date: \_\_\_\_\_ Pick up Date: \_\_\_\_\_

**\*BOARDING IS CHARGED BY THE DAY AND THE DAY CHECKED-OUT IS FREE IF PICKED UP BY NOON**

**Pick up after 9 am or 10 am if having a Grooming Package**

## Belongings Brought:

\_\_\_\_\_  
\_\_\_\_\_

**Diet:**  Feed Hospital's food  Feed Owner's food **Did pet eat prior to arriving?**  Yes-time: \_\_\_\_\_  No

Current diet Brand: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_ Cups/Cans \_\_\_\_\_ times per day Notes: \_\_\_\_\_

If not eating, what do you suggest to entice them? \_\_\_\_\_

## Insulin

Insulin brand: \_\_\_\_\_ Dose: \_\_\_\_\_ Units \_\_\_\_\_ per day Last injection given: \_\_\_\_\_

## Medications/Dose:

1. \_\_\_\_\_ Dose: \_\_\_\_\_ mg \_\_\_\_\_ per day Last dose given: \_\_\_\_\_

2. \_\_\_\_\_ Dose: \_\_\_\_\_ mg \_\_\_\_\_ per day Last dose given: \_\_\_\_\_

3. \_\_\_\_\_ Dose: \_\_\_\_\_ mg \_\_\_\_\_ per day Last dose given: \_\_\_\_\_

How do you give meds? (Specify In Food/Treats, In Mouth ect.) \_\_\_\_\_

## History: (Please check all that apply with in the last 30 days)

Healthy  Vomiting  Coughing  Sneezing  Diarrhea  Illness/Injury

Behavior Issues:  No  Yes:  Climbs fences  Aggressive with food/other dogs/people  Other: \_\_\_\_\_

Allergies:  No  Yes:  Food Allergies  Environmental Allergies  Other: \_\_\_\_\_

## Optional Services:

**Boarding Grooming Package** - Bath, Nails, Anal Glands, Ear Cleaning (\$69 + tax)  Yes  No

**Underwater Treadmill Exercise** (\$32.60 per 20 minute session/3 sessions for \$91.05)  Yes-\_\_\_\_Sessions  No

**Canine Influenza Vaccine** (\$47.20)  Yes  No

**\*If your pet soils itself in their kennel, they will need to be bathed for their well-being at your expense.**

**\*If evidence of fleas are present, treatment for fleas must be administered. There is a fee charged for this service.**



**Emergency Contact and Phone Numbers of Responsible Party:**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Owner Release/Signature:**

I understand you cannot guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels such as, but not limited to, weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated upon entry or discovery at the owner / agent’s expense. 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 I or my agent can be reached. Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for his health 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 is to use all reasonable precaution against injury, escape, or death of my pet. 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 he has been abandoned. I understand that the Ballston Spa Veterinary Hospital Policy states that there are no boarding drop offs or pick-ups after normal business hours.

**Social Media Release-**I, the undersigned, do hereby grant permission to post my and/or pet’s story and pictures to the Ballston Spa Veterinary Clinic Website and Facebook account. I hereby release and discharge Ballston Spa Veterinary Clinic from any and all claims arising out of use of the photos. I am above the age of 18 years. I have read the document and fully understand its contents.

Date: \_\_\_\_\_ Owner / Agent Signature: \_\_\_\_\_

**Hospital Use Only:**

Admitting Tech/Assistant	<b>Initials:</b> _____	<b>Flea Evidence:</b>
Scan/Attach Boarding Form	<b>Initials:</b> _____	<input type="checkbox"/> Not Present <input type="checkbox"/> Present – Applied flea treatment upon admission <b>by:</b> _____
Any needed services on the board	<b>Initials:</b> _____	Incoming Weight: _____ <input type="checkbox"/> Entered in medical history

**Requirements-** ( HWP,  Annual HWT,  Annual Fecal,  Rabies vx,  Bordetella vx,  Distemper/Parvo vx) \*Canine Influenza vaccine recommended