

Galesburg Animal Hospital, P.C.
(309) 343-9226

Boarding Admission Form

Date: _____

Client Name:

Address:

Telephone:

Name:

Species:

Breed:

Sex:

Color:

Birth Date:

Are any medicines necessary while boarding? _____ yes _____ no

Give names of any medications and the dosage to be given:

Have today's dosages been given (circle one): YES NO

Please list any medical or behavioral problems:

Feeding instructions (circle one):

Owner's food _____ Kennel Diet (Royal Canin GastroIntestinal)

Amount to be fed: _____ Meal times (circle one): AM only PM only Twice daily

Did your pet eat before arriving today (circle one): YES NO

Extra Services: Please mark any services you would like performed for an additional fee.

Playtime/TLC Nail trim Bath Flea Treatment Cuddle Buddy

In case of a medical emergency, please (circle one): Resuscitate Do NOT Resuscitate

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations. We require written proof or phone confirmation from your veterinarian of all vaccines, including Rabies, Distemper/Parvo or Lepto, Feline Distemper, and Canine Bordetella when applicable. If you are unable to provide proof of vaccination, a Galesburg Animal Hospital doctor will provide a physical exam and the appropriate vaccines, which are your financial obligation.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. All animals must have a negative fecal test within the last six months. If not, we will run a fecal test and treat your pet, if needed, at the owners expense.
4. Galesburg Animal Hospital, P.C. has my permission to treat up to \$ _____ should an illness or injury arise.

I have read the boarding requirements and understand and agree to the hospital's policies.

Signed : _____ Date: _____

Phone number you can be reached at in case of an emergency: _____