

Galesburg Animal Hospital

309-343-9226

Boarding Admission Form

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
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 PROVIDED DIET

KENNEL DIET (Royal Canin Gastrointestinal Dry)

Amount to feed: _____ Frequency (circle one): AM only PM only Twice daily
Next meal needing fed (circle one): MORNING MEAL EVENING MEAL

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

Nail trim Bath & Nails only Full Groom Cuddle Buddy Flea Treatment

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 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. In case of emergency or illness, Galesburg Animal Hospital has my permission to treat up to \$_____

We will always attempt to contact you before treatment is started.

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

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: _____