

Boarding Admission Form

Owners Name:	
Address:	
Phone Number:	
Emergency Contact:	
Emergency Phone:	
Patients Name:	
Species:	
Sex:	Circle One: (Spayed / Neutered)

Feeding Information

Last Fed:

Will your pet(s) be eating our food? Yes No

If supplying own food please note type/name:

How much?

How often?

Medications

Medication Name	Instructions	Last Given

While boarding at Prairie Veterinary Associates would you like an additional service performed (please check all that apply)

Physical Exam Bath: Regular Bath: Medicated

Vaccinations Heartworm Test Fecal Exam

Nail Trim Extra Play

Other (Please State)

*In the even that your pet becomes injured or ill while boarding I authorize the hospital to provide whatever treatment is necessary.

*If sedation is necessary for treatment or handling, I give my consent to the hospital staff to administer such medications

*If your pet is admitted as a medicated boarder, I authorize the hospital staff to administer medications prescribed by the doctors. I understand that if the medication runs out while boarding it will be refilled by the hospital, at the prescribed cost.

*I understand that the payment for services rendered is due upon discharge of my pet(s).

Signature of Owner:

Date: