

Trinity Animal Hospital Boarding Admission Form

Please Read and sign below

I understand that in order for my pet to board here at Trinity Animal Hospital he/she **must be current on required vaccines**. If vaccines were given elsewhere I have provided the necessary documentation including current rabies vaccine administered by a licensed veterinarian. If my pet is in need of any vaccinations required for boarding, my pet will be given such vaccines upon entry at my expense. **I understand that in order for my pet to board here at Trinity Animal Hospital he/she must be protected against communicable diseases and must be free of internal and external parasites.** If my pet is in need of treatment my pet will be treated upon entry to the facility or upon discovery at my expense. **I understand** and will not hold Trinity Animal Hospital responsible for stress related conditions or communicable diseases which may be unavoidable in boarding kennels, such as, but not limited to; weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand that Trinity Animal Hospital takes all necessary precautions and steps to prevent any health problems from affecting my pet but cannot guarantee his/her health. I understand that in the event of a serious illness or injury, the staff of Trinity Animal Hospital will immediately attempt to contact me, however I will assume full responsibility for medical expenses incurred if I cannot be reached in a timely manner. **I understand** that Trinity Animal Hospital is not responsible for lost or damaged personal items left with my pet including but not limited to bedding, toys, and collars. **I agree** to contact Trinity Animal Hospital immediately if my "pick-up date" changes so that Trinity Animal Hospital can plan accordingly. If I neglect to pick up my pet within 5 days of the scheduled date, and make no attempt to contact the hospital within that time period, it will be assumed that my pet is abandoned and Trinity Animal Hospital is hereby authorized to assume ownership and make any necessary decisions forthwith. **Veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.**

I have read and understand the above release requirements. I understand that any further information that I require may be obtained from the staff members at Trinity Animal Hospital. I also verify that the information listed above regarding myself and my pet is true and correct.

X _____ Date _____

Photo image release: I approve Trinity Animal Hospital to use my pets image for use on, but not limited to, social media (facebook) and marketing. X _____ Declined

Client: _____ **Date:** _____
Patient: _____ **Breed:** _____ **Color:** _____ **Age:** _____ **Weight:** _____

Feline	Date Given	Date Due	Overdue y/n
FRCP			
Leukemia			
Rabies			

Canine	Date Given	Date Due	Overdue y/n
DA2PPv			
Bordetella			
Influenza			
Rabies			

Date/Time In: _____

Expected Pick-up Date/Time: _____

Check all that apply and provide details

____ Medical Condition/Needs: _____
____ Prescriptions (Signalment): _____
____ Other: _____
____ Requested Services (*may be at additional charge*): Fecal Urinalysis Bloodwork _____
Vaccines _____ Other _____
Picture Cell Phone: _____ *** Pictures may not be sent daily.

I agree to the above requested services and assume full responsibility for the fees incurred for the treatment of <animal>.

X _____ Date _____

Dietary needs

Feed my pet _____ cups and/or _____ cans _____ times a day.

Other Instructions: _____
____ Ok to give treats _____ Ok to give canned food

In the event of an EMERGENCY:

____ Please treat my pet as required, you do not need to call me.
____ Perform only emergency and supportive care. Notify me for permission to begin any further treatment.
____ **DO NOT** perform any diagnostics/treatment until I am notified and give consent to treat as recommended.

Emergency Contact: _____ **Phone:** _____