



Blue Cross Veterinary Hospital Boarding Admission Form

All pets admitted for boarding **must** have had a physical exam and vaccines within the previous twelve months at this hospital. We will accept exams done at other veterinary facilities within the past six months and vaccines done within the last year, as long as documentation is **provided**. If this information cannot be verified within the first 5 hours of boarding, or is due, a Doctor on our staff will examine and/or vaccinate your pet at the owner's expense. Any sign of external parasites, coughing, sneezing, vomiting, diarrhea, and/or any other symptom of disease will result in an immediate exam and treatment by a Doctor on our staff at the owner's expense. The regular exam and vaccine fees will be charged for the services.

I am owner or agent for the owner of the above-named animal and have the authority to execute this consent. I therefore consent and authorize the performance of the above procedure(s) if necessary.

Signature (owner/agent) _____ Date _____

Client Name _____

Pet name _____

Pet name _____

Pet name _____

Pet name _____

_____ Board separately **(Initial)**

_____ Board together **(Initial)**

Date of pick-up _____ AM PM

Date of bath _____ AM PM

We recommend all pet's to be on flea control all year 'round whether indoors or outdoors, but if you want a minimal chance of possibly bringing fleas home, then we can give your pet a pill orally called Capstar the day before pick up (lasts 24 hours). **I am aware that I still need to continue with my flea control at home.** _____ **(Initial)**

_____ I want my pet to go home with a lower risk of bringing home fleas, so give Capstar. (\$11.50)

_____ I **do not** want my pet to be given Capstar.

Special Instructions _____

Items brought with pet _____

Emergency contact and phone number

Is this person authorized to make medical and financial decisions for your pet(s)? **Yes/No**

Initial _____

****If not, then the Doctor on staff will treat as necessary at the owner's expense****

Exam Needed: Yes/No

DHPP _____ Bordetella _____ Corona _____

FVRCP _____ FeLV _____ Rabies _____

I authorize a physical exam & treatments for my pet's non-contagious &/or non-life threatening issues. **(Initial)**

Yes _____ **Up to \$** _____

Or call first _____



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I understand that BCVH will not be held responsible for any items left with my pet like; blankets, toys, clothes, food, treats, beds, etc. _____ (Initial)

➤ I understand if my pet(s) is scheduled to receive an exam upon admission to boarding or I have deemed that BCVH must call me first before treating my pet(s), that I or my emergency contact must be available by the phone numbers provided to discuss the exam findings with the doctor. If someone is not available then I could be charged for hospitalization instead of boarding depending on the medical condition of my pet (s) until an authorized contact person talks to the doctor regarding my pet(s) medical condition. _____ (Initial)

➤ I authorize BCVH to administer appropriate emergency care, if necessary, and I assume full financial responsibility. _____ (Initial)

➤ If my pets are boarded together and they don't get along BCVH will separate them and charge for boarding accordingly. If my pets injure each other while boarding together a doctor on staff will automatically examine and treat my pets as necessary. I will be financially responsible for those charges. I am aware and understand the above statements. _____ (Initial)

➤ I understand that there will be an additional fee for any medications (including insulin) or supplements given to my pet while boarding. This will ensure that your pet receives the medication. _____ (Initial)

➤ I understand that Bordetella is an airborne bacterium that causes "Kennel Cough." BCVH takes every precaution to limit the spread of the bacteria. I understand that there is always a chance that my dog could get kennel cough, just as children in daycare pass around a cold or flu. A physical exam, isolation charges for boarding, and any treatments necessary will be at the owner's expense. _____ (Initial)

➤ I understand that a change in environment can cause my pet to have a loss of appetite, diarrhea, and to not be their usual loving self. I understand that BCVH will address any medical issues as soon as they arise and if your pet is having a hard time adjusting we will limit any non-essential contact such as bathing, grooming, etc. _____ (Initial)

➤ I understand that some common occurrences after my pet boards in a kennel are diarrhea and extreme thirst. If I have any concerns, I can contact BCVH with any questions regarding my pet's stay & care. _____ (Initial)

➤ **I understand that payment in full for services rendered is required prior to my pet's release.** A deposit may be required for extended stays of a month or more. _____ (Initial)

➤ If I am unable to pick up my pet, I authorize _____ to pick up my pet for me.

The best possible care is given to all pets in our care, but it is understood that Blue Cross Veterinary Hospital is not responsible for the loss of, death of, or injury to any pet left in our care, by any cause.

Signature (owner/agent) _____ Date _____