

Shaker Veterinary Hospital, PC
223 Maxwell Rd, Latham, NY
518-458-9669

Client Name: _____
Pet Name: _____
Date: _____

Boarding Admissions Form

Please complete this form and submit at check-in

Vaccination History: The following vaccinations are required before a pet may be admitted for boarding:
Dogs: **Rabies, Distemper, Parvo, Bordetella** Cats: **Rabies, Distemper** (Rabies vaccinations are required by law.)

Emergency Contact Information: Please list at least one emergency contact person & phone number for your pet while he/she is boarding.

Discharge Information: Discharge Date: _____ Discharge Time: _____
In the event that I cannot pick up my pet myself, the following person(s) have permission to pick up my pet:

Would you like your pet to have these services prior to discharge (additional fees apply): **Bath: Yes No Nail Trim: Yes No**

Feeding and Care Instructions:
Does your pet have any known food allergies? **Yes No** If yes, please list: _____
Are you providing food for your pet? **Yes No** A daily charge of **\$2.70** will be assessed if you do not provide food for your pet.
Please bring food in a sealed container for sanitation reasons. Please list brand/type of food: _____
Feeding Instructions: _____
Does your pet need to be fed today? **Yes No** If yes, please list time and amount: _____
Can your pet be given the following items while in cage: **Toys: Yes No | Treats: Yes No | Bedding: Yes No**

Multiple Pets: If you are boarding multiple pets, would you like them boarded together? **Yes No**
If yes, do your pets need to be seperated at feeding time? **Yes No**
If you are boarding multiple pets *seperately*, would you like them *walked* together? **Yes No**

Socialization and Obedience: Socialization includes play time with other friendly dogs. Obedience includes time with a trainer.
An additional charge of \$12.96/day applies for socialization, and \$18.36/day for obedience. (Obed charge incl. Socialization)
Is your pet good with other people? **Yes No** Please provide details, if needed: _____
Is your pet good with other animals? **Yes No** Please provide details, if needed: _____
Please circle services requested: **Social Obed None** Please indicate which days: _____

If anything inside this box has been filled out, pet **MUST** be admitted by a technician

Medical Instructions: **Admitting Technician:**
Is your pet on any medications (including vitamins/supplements)? **Yes No** (An additional fee of **\$9.72/day** applies.)
If yes, please list all medications and instructions: (If additional space is needed, you may use the back of this sheet.)

	Medication	Strength	Instructions
1			
2			
3			
4			
5			

*Please do **NOT** mix medications into food. Technicians **MUST** administer all medications for the safety of your pet.

Senior Care: Senior care includes extra walks, orthopedic bedding, and personalized therapeutic care arranged by licensed veterinary technicians with certification in physical rehabilitation. (An additional fee of **\$16.20/day** applies.)
Would you like your pet to have senior care while boarding? **Yes No** Please indicate which days: _____

Boarding Policy

Pets picked up after 12:00 p.m. Monday through Friday will be charged for an additional day of boarding. Sunday pick ups will be charged for Sunday regardless of pick up time. Please call ahead to verify that yourb pet is ready for discharge.
Payment in full is due upon discharge.

Authorization for Medical Treatment while Boarding

I hereby authorize Shaker Veterinary Hospital, P.C. to provide emergency medical care as may be deemed necessary while my pet is boarding at their facility. Efforts will be made as is possible to obtain your consent prior to treatment. Failure to reach you, however, will not impact the treatment of your pet or your liability for the charges incurred.

Client Signature: _____

Date: _____

Receptionist review (initials): _____