

# Good Friends Animal Hospital

## BOARDING ADMISSION FORM – Good Friends Animal Hospital

Owner(s) \_\_\_\_\_ Pet(s) \_\_\_\_\_

Date of admission \_\_\_\_\_ Expected Discharge Date \_\_\_\_\_ Discharge time \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone number(s) \_\_\_\_\_

1. All dogs **must** be current on DA2P, Rabies and Bordetella (Canine Influenza is strongly recommended) unless there is a justified medical condition that prohibits vaccination AND it has been documented by a veterinarian; no exceptions. Proof of vaccine status is due upon drop off.
2. All cats must be current on core vaccinations (FVRCP and Rabies) unless there is a justified medical condition that prohibits vaccination and it has been documented by a veterinarian.
3. A negative fecal in the past 12 months must be recorded (proof due on drop-off). If overdue or if parasites are found on the pet during the stay, they will be treated as Dr. Norris determines, and the cost of the treatments included on the total bill. **INITIAL** \_\_\_\_\_
4. If the pet is to be picked up by someone other than the owner, arrangements must be made with the hospital in advance. Please list the full name of agents other than yourself that are authorized to pick up your pet from the hospital or make decisions regarding the care and well being of your pet while in the care of the veterinary teaching hospital  
Agent(s) \_\_\_\_\_  
Agent contact number \_\_\_\_\_  
Please ensure that your designated agent is aware that you have given us his/her name and is willing and able to make decisions regarding the care and well-being of your pet. **INITIAL** \_\_\_\_\_
5. All pets not picked up within 7 days after the expected date of pickup, without new provisions being made, will be considered abandoned and becomes the property of Good Friends Animal Hospital and will be handled according to our best judgment. **INITIAL** \_\_\_\_\_

### PLEASE LIST ALL PERSONAL ITEMS LEFT AT THE HOSPITAL WITH THE PET

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### PLEASE LIST ALL MEDICATIONS INCLUDING DOSAGE AND FREQUENCY

1. \_\_\_\_\_ Last dose administered \_\_\_\_\_
2. \_\_\_\_\_ Last dose administered \_\_\_\_\_
3. \_\_\_\_\_ Last dose administered \_\_\_\_\_
4. \_\_\_\_\_ Last dose administered \_\_\_\_\_
5. \_\_\_\_\_ Last dose administered \_\_\_\_\_

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## FEEDING SCHEDULE

Brand of food (dry) \_\_\_\_\_ Amount and frequency \_\_\_\_\_

Brand of food (canned) \_\_\_\_\_ Amount and frequency \_\_\_\_\_

Treats \_\_\_\_\_

**Please list any concerns to be addressed or services to be provided by the doctor during your pet's stay. (Vaccinations, lab work, nail trim, anal glands, bath etc.)**

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### REGARDING THE TREATMENT OF MY PET DURING ITS STAY:

**A)** Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**B)** Treat my pet as needed, but not to exceed \$ \_\_\_\_\_. I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment. I understand that if Dr. Norris or her agent(s) feel that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, Dr. Norris and her agent(s) are authorized to euthanize (pet to sleep) my pet. I will be responsible for all charges accrued during that time period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**C)** Treat my pet as needed. Do any and all diagnostic tests, treatments and surgeries necessary. However, should the veterinarian determine that my pet require extensive measures to maintain life, I request that they euthanize (put to sleep) my pet. I understand that the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Good Friends Animal Hospital to care for and treat said pet according to the above directives. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_