



## **Boarding Admission Form**

Owner's Name: \_\_\_\_\_

Pet's Name(s): \_\_\_\_\_

Date in: \_\_\_\_\_ Release Date: \_\_\_\_\_

I may be reached at phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is any other person authorized to pick up your pet? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name and phone #: \_\_\_\_\_

My pet's diet is: \_\_\_\_\_ Quantity fed: \_\_\_\_\_

Please list all medications (include dose and frequency) to give given while boarding.

\_\_\_\_\_

Are there additional services that you wish us to provide for your pet while they are boarding? (doggy daycare, grooming, nail trim, etc) \_\_\_\_\_

Please read and initial:

\_\_\_\_\_ I hereby authorize South Des Moines Veterinary Center and its employees to provide any needed diagnostic tests, medical care, bathing, and/or flea control as they deem necessary for the health, safety, and well-being of my pet during my absence.

\_\_\_\_\_ I understand that for my pet's protection and that of others: Rabies, DHPP, Influenza and Bordetella in dogs, and FVRCP and Rabies in cats must be current.

\_\_\_\_\_ I also understand that my pet must have a negative stool sample (no intestinal parasites) within the past 6 months (dogs) or 12 months (cats).

I, the undersigned, do hereby certify that I am the legal owner or duly authorized agent for the owner of the pet described above and agree to pay all costs involved to ensure the health of my pet.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_