University Animal Hospital Boarding Sheet

Patient/Client Name	
Breed/Color/Sex	
Boarding Dates	
Weight/Temp	
Taken in by/Cage Size	
Primary Doctor	AP EL SB

Needed while boarding: Highlight if needed, initial when completed

Exam____ Rabies____ DHPP____ Lepto____ Bord____ CIV____
Fecal____ HWT____

Anything else needed that's not listed above:

Fleas noted upon exam?_____
Ticks noted upon exam?_____

Has flea prevention been given within the past month? (Y/N)
Date administered and what prevention?_____
Initials:_____

Food Brand/Directions

Medications: ($8.00 per day)	YES NO Given today? (Y/N)
Bath Date:	TNT:
Shampoo:	AG:

Check-In Exam	Check-Out Exam
Eyes: N____ Abnormal____	Eyes: N____ Abnormal____
Ears: N____ Abnormal____	Ears: N____ Abnormal____
Skin: N____ Abnormal____	Skin: N____ Abnormal____
Notes:	Notes:

Boarding Agreement

Does your pet have any allergies?_____

Emergency Contact and Phone Number:_____
Email Address:_____

Will your pet need to see a Doctor during this visit? (Y/N) Reason:_____
Preferred Doctor: Dr. Privette   Dr. Lesmes   Dr. Basso

Initial that you are aware that patient is seeing a doctor:_____

REQUIREMENTS FOR BOARDING

- All pets must be current on all vaccinations or the pets will be updates at time of dropping off at owner's expense.
- All pets must be free of external parasites (ex. Ticks or fleas), or they will be treated at owner's expense. **If pet has fleas, we will administer an oral flea product (Capstar) at a charge of $7.50 per pet.**
- If sedation is necessary for treatment or handling, UAH has my permission to administer such medication.
- University Animal Hospital has my permission to do whatever is necessary should an emergency arise.
- Pets must be picked up before 5:30pm Monday's-Friday's. Saturday's before 12pm.

Reasonable car will be used against injury, escape, or death of your pet(s). The clinic and staff will not be held responsible for problems that may occur given that reasonable care and precautions are followed. I understand that any problem that occurs with my pet(s) will be treated as deemed best by the veterinarians and I assume full responsibility for the treatment expense incurred.

Signature:_____ Date:_____

HURRICANE SEASON BOARDING FORM

It is the policy of University Animal Hospital's kennel to strongly recommend that owners take their pets with them when an impending dangerous storm is anticipated to hit the Orange County and surrounding areas.

If your pet is boarding when a dangerous storm approaches, we will make every effort to contact you and give you the option of picking up your pet or releasing your pet to a friends or family member.

If we cannot contact you, or arrangements cannot be made to have your pet picked up, University Animal Hospital will take all possible precautions to care for your pet while they are boarding. Due to the unpredictability of these types of storms, University Animal Hospital's staff may have to evacuate. We will make sure your pet is fed and has plenty of water prior to evacuation. However, we cannot guarantee the safety of your pet, the safety of the building although it is concrete dwelling, nor can we be certain as to when we will be able to gain access to the boarding facility after the storm passes.

Pet(s) are HIGHLY recommended to have a microchip while boarding incase of separation from the facility. Microchips are safe, unalterable, and permeant identification for your pet(s). **If your pet is not microchipped, would you like us to administer one?**

O ACCEPT MICROCHIP INITALS:_____   **O** DECLINE MICROCHIP INITALS:_____

I have read the above information and understand that, during the Hurricane Season in Florida, I am responsible for providing contact information for a designated person(s) that will be able to pick up my pet(s) if needed. If I am unable to do so I understand that I will be boarding my pet(s) at my own risk.

Signature:_____ Date:_____Pet(s) Name:_____

EMERGENCY PICK UP CONTACTS:

NAME:_____ PHONE:_____

NAME:_____ PHONE:_____

NAME:_____ PHONE:_____