

Healthy Pet Veterinary Clinic-Boarding Admission Form

Pet Name: _____ Owner Name: _____

Check in Date: _____ Check Out Date: _____

Proof of Vaccinations Yes () No ()

If your pet is not current on vaccines upon arrival and you choose not to update required core vaccines, we cannot board your animal and have the right to deny boarding.
Boarding vaccine policy available upon request

Items Brought With Pet: (Please give detailed descriptions)

Leash: _____ Bedding/Other: _____

Carrier: _____

HPVC will provide necessary bedding and food. If you decide to use your own bedding, HPVC is not responsible if your bedding is damaged or lost if it needs to be cleaned.

Medication/Suppliments: _____

There is a \$2.00 per-day fee for giving your pet medications or supplements

Frequency: _____

Last Given: _____

Feeding: Once a day _____ Twice a day _____ Free Choice _____

Describe your feeding routine: _____

When did your pet last eat? _____

Does your pet drink water from a _____ bottle or _____ bowl?

Will you allow our staff to take a photo of your pet for our in-clinic software? YES () NO ()

Will you allow us to post your pet's photo on our Facebook page? YES () NO ()

Please Perform the Following: (Extra Fees Apply/Ask For A Treatment Plan)

Feline Distemper Vaccine ___ Rabies Vaccine ___ Feline Leukemia Vaccine ___

Fecal Parasite Check _____ Brush fur ___ Clip and Brush Out Matted Fur ___ Nail Trim ___

Other _____

Comments for boarding staff: _____

Clinic Use:

Admitting Staff initials: _____ Behavioral concerns? Yes () No ()

Weight of animal at admittance: _____ pounds/ounces/grams SI _____

Weight of animal at discharge: _____ pounds/ounces/grams SI _____

Releasing staff initials: _____

Healthy Pet Veterinary Clinic, Inc.
2801 E. Washington Ave. Madison, WI 53704 (608) 294-9494

Boarding Consent Form

Thank you for your allowing us to care for your pet. While you are away, we need you to agree to the following conditions concerning your pet while they are in our care.

_____ I am the owner/guardian of the pet to be boarded at Healthy Pet Veterinary Clinic.

_____ My pet is free of external (fleas/ticks) and internal (intestinal) parasites. If the presence of external or internal parasites is determined, I understand that my pet(s) will be treated by Healthy Pet Veterinary Clinic at my expense. I will also be responsible for any additional costs that the clinic may incur while ridding the premises of infestations from parasites that are attributed to my pet.

_____ I understand that if my pet becomes injured or ill during their boarding stay, Healthy Pet Veterinary Clinic staff will proactively treat any injury or illness. In case of injury or illness, I give my consent for the Veterinarians and/or clinic staff to treat, prescribe medication for, or provide necessary surgical services to my pet(s). If medical treatments or diagnostic testing are deemed necessary by a veterinarian, we will make every effort to contact you or your designated emergency contact before proceeding. However we will not delay necessary treatment if we cannot contact you or your emergency contact.

DNR – Do No Resuscitate – In the unlikely event that your pet suffers sudden respiratory or cardiac arrest: (please mark one choice)

_____ I request that ***CPR and life saving measures be performed***

_____ I request that staff ***Do Not Resuscitate***

Emergency Contact

We MUST be able to contact you or a designated emergency contact 24 hours-a-day while your pet is in our care. Please designate a person who will be authorized to make treatment decisions for your pet if we cannot reach you. Even if you think you will be available by phone at all times, you must provide an emergency contact.

Emergency Contact Name: _____ **Phone:** _____

_____ I understand that boarding staff is not in the clinic 24 hours a day. The doctors and staff will take all possible precautions against illness, injury, or escape of my pet(s) however should the unforeseen arise, Healthy Pet Veterinary Clinic will not be held liable.

_____ Should the circumstance arise that my pet(s) remains unclaimed for 5 days after the date listed for my return and I have not contacted Healthy Pet to explain the delay, the Dane County Humane Society may be contacted to begin abandonment procedures.

I HAVE READ THE FORGOING AND AGREE.

Signature of Owner/Guardian: _____ Date: _____

Print Name of Owner/Guardian: _____