

BOARDING SHEET

Admitting Attendant: _____

Owner's Name: _____ Patient's Name: _____

Species/Breed: _____ (M or F) Date in: _____ Date out: _____ AM or PM (circle)

In an emergency, please contact: _____ Phone: _____

Checklist:

- Current on vaccinations? Yes No Please do: PE RV DHPP LEPTO CBOR HWT FFT TAG
PE FRV FVRCP FELEUK FFT
- Current on FFT? Yes No (Must have a negative fecal test within the last 6 months.
If fecal is positive your pet will be treated properly.)
- Is your pet treated for fleas/ticks? Yes No (If fleas/ticks are seen on pet(s) while boarding, the pet(s) will
be treated at owners expense.)
- Special instructions: _____
- Nail Trim requested _____
- Bath requested _____

DATE:	<u>Appetite</u>		<u>Urine</u>		<u>Stool</u>		<u>Vomiting</u>		<u>Diarrhea</u>		<u>Notes</u>
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	

Treatments +/- Medication (Type, dosage, frequency, route)

DATE:	1.		2.		3.			4.		
	AM	PM	AM	PM	AM	NOON	PM	AM	NOON	PM

Diet (Type/Amount): _____ Treats (Type/Amount): _____

To Go Home: _____ Personal Belongings (Description): _____

- Medications (2.50 Admin fee per Night)
- Food
- Personal Belongings

I understand that if a medical concern is detected, all attempts will be made to contact the owner and/or the emergency contact for authorization. However, if no one can be reached, I authorize Northrock Hospital for Animals to provide medical care deemed necessary as determined by the veterinarian on duty. I also understand that I will be financially responsible for any such care. _____ (Initial)

If unable to be reached at the number given, I do not allow NRHA to treat my pet(s) except in an emergency situation. _____ (Initial)

I understand if fleas /ticks are seen on my pet(s) while in NRHA's care my pet(s) will be treated with the proper medication. _____ (Initial)

Signature: _____ Date: _____

