



# Greenfield Animal Hospital

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## Boarding Admission Form

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

Owner: \_\_\_\_\_

Patient: \_\_\_\_\_

Species:      K9                      Feline                      Bird                      Reptile                      Pocket Pet

Breed: \_\_\_\_\_

Sex:    M    F    Spayed/Neutered?:    Y    N

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Is your pet on heartworm preventative?                      Y      N

Is your pet on flea/tick preventative?                      Y      N

Any coughing/sneezing/vomiting/diarrhea?                      Y      N

Has your pet had any illness or injury in the past 30 days?                      Y      N

Does your pet have any allergies (drugs, food, other)?                      Y      N

If YES, please explain: \_\_\_\_\_

Is your pet on any medication?    Y      N    If YES, please list below:

1. Name: \_\_\_\_\_ How often: \_\_\_\_\_ Last Dose: \_\_\_\_\_

2. Name: \_\_\_\_\_ How often: \_\_\_\_\_ Last Dose: \_\_\_\_\_

3. Name: \_\_\_\_\_ How often: \_\_\_\_\_ Last Dose: \_\_\_\_\_

**There will be an additional \$5.00 charge per day if your pet is on medication.**

Current Diet: \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_

Items I am leaving with my pet (be specific): \_\_\_\_\_

\_\_\_\_\_

**If we find evidence of fleas**, a flea treatment/preventative *must* be administered upon admission. There is a fee for this service dependant on weight of your pet.

Drop Off Date: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_ AM / PM

(Pick up times later than 11 am will require an additional day of charge).

## OWNER RELEASE

**VACCINATION/ EXAMINATION REQUIREMENT:** New York State law **requires Rabies vaccination for all pets**. I also understand that Greenfield Animal Hospital policy requires **Distemper / Parvo and Bordetella** (kennel cough) vaccination for dogs and **Feline Distemper (FVRCP)** vaccination for cats be current. Greenfield Animal Hospital requires written proof of these vaccinations if done elsewhere.

Current Greenfield Animal Hospital patients that have not received a physical examination here within the last 6 months will receive a physical examination prior to boarding. Pets that have not previously been examined at Greenfield Animal Hospital will receive a physical examination prior to boarding. All boarding pets must have a **negative fecal examination or deworming within the last 6 months**. If this is not the case, a fecal examination will be performed prior to boarding to ensure the absence of intestinal parasites.

I understand that the health of my pet listed above cannot be guaranteed during the boarding time. I understand and will not hold Greenfield Animal Hospital responsible for conditions that are unavoidable in boarding kennels, such as, but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand that all pets admitted to Greenfield Animal Hospital must be protected against communicable contagious diseases and must be free of internal and external parasites, or treatment will be performed on entry or discovery at the owner / agent's expense.

I understand that in the event of my pet listed above's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet listed above and/or perform such emergency procedures as may be necessary for the health of my pet listed above until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet listed above.

I understand that Greenfield Animal Hospital is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

Greenfield Animal Hospital is to use all reasonable precaution against injury, escape, or death of my pet listed above. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet listed above will be treated as noted above and I assume full responsibility for the treatment expense incurred.

**I will call if my "pick-up date" changes so you can plan accordingly.** If I neglect to pick up my pet listed above within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet listed above is abandoned and are hereby authorized to dispose of my pet listed above as you deem best and/or necessary.

Date: \_\_\_\_\_ Owner / Agent: \_\_\_\_\_

Name & Phone Number of Responsible Party to be reached in an Emergency (include all emergency contacts): \_\_\_\_\_

Admitting Technician Initials: \_\_\_\_\_

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