



Fallston Veterinary Clinic Boarding Admission Form

Check-IN Date: / / Check-OUT Date: / / Estimated Pick-Up Time: _____

PATIENT: _____ Client/ID#: _____ # _____

Personal Belongings (*see disclaimer on opposite side) _____

Medical Concerns: _____

Meds/Treatments to be Given (INCLUDE DOSING SCHEDULE) _____

WHAT TIME DID YOU LAST GIVE EACH MEDICATION? _____

Special Food: Type: _____ Amount to be Fed: _____ Times per Day: _____

Vaccinations - For the protection of all patients, **EVERY PET'S VACCINATIONS MUST BE UP TO DATE.**

I authorize the administration of any vaccination needed by my pet for admission to the hospital. (Cats need Rabies and FVRCP; Dogs need Rabies, Distemper and Bordetella) I understand that the vaccines will be given at my expense.

ALL pets are checked for fleas upon admission to the hospital. I understand that if my pet is found to have fleas, a topical treatment will be applied. *The fee for the treatment is \$17.50 - \$20.00 based on the species and weight of your pet.

Personal Items - I understand that any personal items left with me pet (including toys, bedding, food bowls/cups) can be lost or destroyed and will not hold any member of the staff of Fallston Veterinary Clinic liable for the loss or destruction of items that I have left. **PLEASE LABEL ALL ITEMS.** (if you choose to leave items please list on opposite side)

Feeding - We feed all pets Purina EN food. This is a food formulated for easy digestion and gastrointestinal disorders that can accompany the stress of boarding. If your pet requires a special diet, please provide food and feeding instructions.

Digestive Concerns: At times, pets will have diarrhea while boarding due to the stress of being in a different environment and away from their family members. If this happens, we can send a fecal sample out and proceed with medication. Additional fees will apply. Please choose and initial one the following:

Please proceed with treatment without additional consent _____

Please contact me prior to any additional services or treatments _____

EMERGENCY CONTACT NUMBER(S): _____ / _____

** If other than client, the emergency contact has my authorization to make decisions regarding the care of my pet.

PLEASE INITIAL: _____

In case of emergency, we will make every effort to contact you. If we cannot contact you, we will proceed with care determined by a veterinarian for the safety and well being of your pet. This may include x-ray, blood work, medication, and possible transfer to an overnight facility. (Harford Emergency Veterinary Services.) The owner of any pet needing emergency care will be responsible for all fees incurred. We do not offer twenty-four hour supervision.

I understand that the dogs are walked outside. I am aware that the utmost care is taken. I will not hold Fallston Veterinary Clinic or any of its staff liable for the result of anything unforeseen.

Signature: _____