

OAKVIEW VETERINARY MEDICAL CENTER BOARDING ADMISSION FORM

OWNER/CLIENT # _____ Reserved Kennel Type: _____

BOARDER(S) _____

ADMISSION DATE _____ PICK UP DATE: _____ Admitted By: _____

We may be reached at (name of hotel or person): _____

Number: _____

Emergency Contact (to be used if we can not contact you, and must be able to give permission for treatment):

Name: _____ Number: _____

Entering weight: _____

Entering Flea/Tick Check: Positive / Negative

Vaccinations current? ___ Yes ___ No Rabies Exp. _____ DAPP Exp. _____ Bord-P Exp. _____
Feline Distemper Exp _____ Feline Upper Respiratory Exp. _____

DIET: (Panleukopenia) (Feline Herpesvirus / Calicivirus)

Own / Ours

How much: _____

How many feedings per day: Once Daily: AM PM / Twice Daily / Three Times Daily / Free Choice
(Circle One)

HEALTH CONDITIONS and MEDICATION(S): Condition / Medication Name and Directions:

Has your pet been treated today? YES / NO

PERSONAL ITEMS:

Food Treats Blankets Rawhides Toys _____
(How many and description)

Collar and Leash _____ Other _____
(Description)

Playtimes: Yes No Package: The "Athlete" Works Pamper Me

ADDITIONAL SERVICES:

Are there any health issues that you are concerned about or would like a doctor to examine? YES / NO

Note: The fee for a doctor examination is \$42.75. If yes please explain to tech or veterinary assistant.

Bath prior to going home \$16.50 Nail Trim \$10.92

I am the owner (or agent of the owner) of the animal described above. I authorize and request you to hospitalize this animal for purposes of boarding. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, become ill, or die.

I also realize that for the protection of my pet and others' pets and the staff of Oakview, all pets are required to be current on vaccinations and free from external parasites at the time of hospitalization. I authorize Oakview Veterinary Medical Center to examine my pet for parasites and treat them if necessary and update their vaccinations if I do not provide proof of vaccination. I realize that I will be charged for these services if they are needed.

I understand that, should a life-threatening emergency arise, every reasonable effort will be made to contact me. If contact cannot be made, necessary steps will be taken to treat my pet, and I agree to be financially responsible for the cost of medical treatment.

Owner/Authorized Agent Signature

Date

Boarding Options for our Canine guests

These optional packages and charges are in addition to the daily boarding rates.

The “Athlete” Package

\$7.75 / Day

- 1 playtime (group or private)
- 1 additional walk/day
- Bedtime treats

The “Works” Package

\$13.25 / Day

- 1 playtime (group or private)
- 1 additional walk/day
- Kong toy
- Daily brushing
- Lunch and bedtime treats

The “Pamper Me” Package

\$7.75 / Day

- 1 additional walk/day
- Daily brushing
- Lunch and bedtime treats

Private Playtime

\$7.00 Session

- Once per Day
- Twice per Day
- Every Other Day

Boarding Options for our Feline guests

In addition to the daily boarding rates

Daily Brushing

\$2.50 per cat/day