

Boarding Admission Form

Oceanside Animal Clinic

Owners Name: _____ Today's Date: _____

Pet's Name: _____ Breed: _____

Age: _____ Sex: M/N F/S Color: _____

Vaccinations: *Pets must be current on all vaccinations in order to board.*

Cats	Current	Update Today
FDC/FELV	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>

Dogs	Current	Update Today
Da2plp	<input type="checkbox"/>	<input type="checkbox"/>
Bordetella	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>

Pet History:

Has pet been checked for intestinal parasites in the last 12 months? Yes No

Any coughing, sneezing, vomit, or diarrhea? Yes No

Has the pet had any injury in the past 30 days? Yes No

Is the pet on any medication? Yes No

If so, Name: _____

Instructions: _____

Please Note:

- There will be a \$2.00 fee per day for administering medications.
- If your dog is very anxious or barks continually, we may need to give tranquilizers at an additional fee of \$2.00 per day.
- **If evidence of fleas present, topical flea drops must be applied. Cost of flea drops will be added to boarding charges.** Please choose:
 - For cats & dogs: Revolution Plus Advantage Advantage Mutli
 - For dogs only: Advantix NexGard Simparica
- The clinic will supply bedding and food and is **NOT RESPONSIBLE FOR BEDDING, FOOD, OR TOYS BROUGHT IN.**

Additional Service Requested: _____

If any problem is observed or develops:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Charges Per Day*:

Dogs: 0-20lbs. \$15.00, 21-54lbs. \$18.00, 55 & over \$22.00 | Cats: \$15.00

**Charge is by the day, not a 24-hours basis. Owners who pick up by 9am will not be charged for that day.*

IF PICKING UP OR DROPPING OFF ON A SUNDAY OR HOLIDAY YOU MUST BE AT THE CLINIC PROMPTLY AT 9AM OR 4PM.

Drop off date: _____ Pick up date: _____

Responsible party to be reached in an Emergency:

Name: _____ Phone: _____

For Office Use. Admitting Initials: _____ AVI# _____