

patient label

For a timely check-in, please complete prior to arrival. Please print legibly. Thank you!

Pet's Name: _____
FIRST AND LAST NAME

Arrival Date: _____ CANINE: _____ \$27.50 + tax per day

1/2 day charge if dropped off after 2pm

Departure Date: _____ FELINE: _____ \$17.50 + tax per day *1/2 day charge if picked up before 2pm*

REQUIRED VACCINATIONS

Is your pet up-to-date on required vaccinations? _____ YES _____ NO

If no, do we have permission to give the required vaccinations?+ _____ YES _____ NO

REQUIRED VACCINATIONS: DOGS Rabies, DHPP, Kennel Cough CATS Rabies, FVRCP
Some boarders needing vaccinations will require an exam by our veterinary staff at owner's expense.

MEDICATION

Does your pet take daily medication?

_____ YES _____ No

If YES, please complete separate form for Medication Instructions.

MEDICAL SERVICES

Any health concerns we need to be aware of? Or any wellness services needed for your pet while they stay?

Please specify below.

Would you like a Dr. to examine your pet for the above concerns?+ _____ YES _____ NO

Please call before my pet receives any treatments or medications? _____ YES _____ NO

Best phone number to reach you: _____

Would you like us to check a stool sample for intestinal parasites? _____ YES _____ NO

AHOP CSR TO COMPLETE

Drop Off After 2pm? YES NO

Pick Up Before 2pm? YES NO

Vax Verified? YES NO

If medical service is needed:

Moved to Boarder Treatment on Census

Staff Dr. Messaged? YES N/A

SOAP completed? YES N/A

Check-in CSR Initials:

BOARDING SERVICES

Please select the additional services you would like while your pet stays with us. +

DOG SERVICES

Walks per day: _____ 1 (\$3/day) _____ 2 (\$6/day) _____ 3 (\$8/day)

Nail Trim only: _____ Bath w/ Nail Trim: _____ (cost based on weight & size)

If you have selected a bath for your pet, please choose one of the following pick up options:

Bath **night prior** to departure, so I will pick up departure morning before noon _____

Bath **morning of** departure, so I will pick up departure day after 2pm _____

DIABETIC BOARDING INCLUDES WALKS SEE DIABETIC BOARDING INSTRUCTION FORM

CAT SERVICES

Nail Trim: _____

Brushout: _____ (1x daily)

AHOP KENNEL TO COMPLETE

Arrival Weight: _____ lbs.

Medical Services Completed N/A

Boarding Services Completed N/A

Boarder has belongings YES NO

List belongings below:

Kennel Initials:

Returned Boarder Belongings to Owner

FEEDING INSTRUCTIONS

Picky Eater: _____ Good Eater: _____

Date/Time last fed: _____ Kennel Food: _____ Own Food: _____

Does your pet have any food allergies? If so, please specify: _____

Please specify amount of food given and number of times a day:

DIABETIC BOARDERS PLEASE COMPLETE SEPARATE DIABETIC BOARDING INSTRUCTION FORM

Pet's Name: _____
FIRST AND LAST NAME

| | | |
|--|-----------|----------|
| Can your pet have a blanket during their stay? | _____ YES | _____ NO |
| Can your pet jump over 6 ft? | _____ YES | _____ NO |

| | | | |
|--|-------------|-----------|--------------|
| Who will be picking up your pet or visiting during their stay? | | | |
| Pick up _____ | Visit _____ | _____ | _____ |
| | | FULL NAME | PHONE NUMBER |
| Pick up _____ | Visit _____ | _____ | _____ |
| | | FULL NAME | PHONE NUMBER |

BOARDERS WITH MEDICATION PLEASE COMPLETE MEDICATION INSTRUCTION FORM

Given 2x or more daily = additional \$4.20/day

DIABETIC BOARDERS PLEASE COMPLETE DIABETIC BOARDING INSTRUCTION FORM

Feline = additional \$14/day Canine = additional \$18/day

ALL CLIENTS PLEASE READ AND INITIAL A-D, THEN READ AND SIGN F

A. Please leave personal belongings at home. Animal Hospital of Pittsford cannot accept responsibility for belongings left with pet while boarding with us.

B. If I have selected additional walks for my pet I understand that every precaution will be taken to ensure my pet's safety, however, there is always a risk when walking pets outdoors. I will not hold the hospital or it's employees responsible if anything should happen to my dog while it is outside the building.

C. Pets arriving with fleas present will be treated with oral or topical flea medication at the veterinarian's discretion and at owner's expense. Please make us aware of any known adverse reactions to flea medications.

D. If my pet becomes ill and requires medical or surgical treatment, I give my permission to examine and treat as indicated below:

I wish to be **contacted before my pet receives ANY treatment or medication**. I understand if I am unreachable, the veterinarian will begin treatment to ensure my pet's well being.

OR

Please treat any uncomplicated problems (i.e. diarrhea, abrasions) at the veterinarian's discretion and **contact me ONLY in the event of a serious condition or extensive treatment**.

E. Potentially more serious problems (i.e. failure to eat, persistent vomiting, difficult urination) may warrant in-depth diagnostic testing. If the situation appears serious enough, my pet will be taken to the Animal Emergency Services at 825 White Spruce Blvd Rochester for 24-hour care. I understand I will be responsible for all related charges.

F. The undersigned acknowledges contracting for above services and understands that he/she is responsible for all balances due upon discharge of the pet. If someone other than the owner is picking up or visiting a pet, please complete the box on page 2. We will not release the pet without your consent. All pets must be picked up within 5 days of the specified discharge date. All efforts will be made to contact the owner/agent. Failure to respond or pick up pet will result in the facility protocol for abandoned animals.

SIGNATURE OF PET OWNER OR AUTHORIZED

BEST PHONE NUMBER TO REACH YOU

DATE

NAME OF EMERGENCY CONTACT

PHONE NUMBER FOR EMERGENCY CONTACT