

BOARDING PET ASSESSMENT

PET OWNER INFORMATION

Last Name:

First Name:

Spouse/Secondary Owner:

Address:

City, State, Zip Code:

Primary Contact Number: Cell/Home/Work:

Alternate Phone Number: Cell/Home/Work:

Primary Email Address:

Secondary Email Address:

EMERGENCY CONTACT INFORMATION

Will You Be Out Of The Country?

Best Way to Reach You?

First Name:

Last Name:

Relation To You:

Phone Number:

Email Address:

REGULAR VETERINARY HOSPITAL:

Veterinarian's Name:

Vet Phone Number:

AUTHORIZED LIST (Pick-up & Visitors)

Name:

Number:

Name:

Number:

Name:

Number:

PET INFORMATION

Pet Name:

Breed:

Age:

Weight:

Sex/Gender:

Spayed/Neutered:

PET MEDICAL HISTORY

Has your pet been diagnosed with any medical condition(s) such as: (YES) (NO) IF YES, PLEASE EXPLAIN

Heart condition

Thyroid disease

Allergies (skin, food products)

Seizures (Explain frequency, severity, behaviors to look for)

Physical limitations (Arthritis, blind, deaf, missing limb)

Cancer

Diabetes

Chronic infections (Ear, eyes, skin, etc.)

Bloat

Urinary tract infections or urinary/kidney stones

Any recent vomiting, diarrhea, coughing, or sneezing?

Other : (Please describe)

Do you use flea/tick preventative ? Last given? Name?

Is your pet microchipped?

PET HISTORY

Has your pet boarded before?

Prior Boarding facility:

Has your pet been known to bite, nip, lunge at or attack a person or other pet?

Does your pet get along well with other animals?

Are there any specific behaviors or requirements we need to be aware of?

Is there any place on your pet's body that is sensitive to the touch or does not like being touched?

Does your pet fear anything in particular? Fireworks, children, sirens, etc. [] []	
Is your pet protective or aggressive over toys, leashes, food, etc. [] []	
What brand/flavor of food is your pet currently on? [] []	
Is your pet on medications, supplements, or preventatives? [] []	
Do you have Pet Insurance? [] []	Name of Provider:
ADDITIONAL INFORMATION: (OPTIONAL)	

***PETS MUST BE CURRENT ON ALL VACCINES PRIOR TO BOARDING AND DOCUMENTATION WILL BE REQUESTED AT OR BEFORE TIME OF CHECK-IN.** Initial _____

***CANINES MUST BE CURRENT ON RABIES, DHP, AND BORDETELLA. BORDETELLA IS REQUIRED EVERY 6 MONTHS FOR BOARDING. AN EXAMINATION BY ONE OF OUR VETERINARIANS IS REQUIRED EVERY 6 MONTHS, PRIOR TO VACCINATING.** Initial _____

***FELINES MUST BE CURRENT ON RABIES, FVRCP, AND FELV. AN EXAMINATION BY ONE OF OUR VETERINARIANS IS REQUIRED EVERY 6 MONTHS, PRIOR TO VACCINATING.** Initial _____

***ALL PETS MUST BE ON A CURRENT FLEA PREVENTATIVE. IF YOUR PET HAS FLEAS, OUR HOSPITAL WILL ADMINISTER A FLEA PREVENTATIVE AT AN ADDITIONAL FEE.** Initial _____

***BRINGING YOUR PETS DIET IS ALWAYS RECOMMENDED TO AVOID DIETARY RELATED ISSUES, HOWEVER WE DO OFFER A DRY KIBBLE. IF YOUR PET REQUIRES THAT WE CHANGE HIS/HER DIET, THERE WILL BE AN ADDITIONAL FEE. IF YOUR PET HAS DIARRHEA WHILE BOARDING WE WILL SWITCH YOUR PETS DIET TO "HILLS I/D DIGESTIVE CARE DRY OR WET" AND ADMINISTER "FAST BALANCE GI PASTE" OR "FORTIFLORA" TO HELP SYMPTOMS OF DIARRHEA FOR AN ADDITIONAL FEE.** Initial _____

***BOARDING SERVICES ARE PAID IN FULL AT TIME OF CHECK-IN.** Initial _____

Pet Photography Release Form

I hereby authorize Town & Country Veterinary Hospital and Pleasanton Pet Hotel, to publish photographs taken of my pet during boarding and/or any procedure, for the use in Town & Country Veterinary Hospital and Pleasanton Pet Hotel's print, online, and video based materials, as well as other Town & Country Veterinary Hospital and Pleasanton Pet Hotel publications. I hereby release and hold harmless Town & Country Veterinary Hospital and Pleasanton Pet Hotel from any reasonable expectations of privacy or confidentiality associated with the images obtained during the procedures.

I further acknowledge that my participation is voluntary, and I will not receive financial compensation of any type associated with the take or publication of these photographs or participation in Town & Country Veterinary Hospital and Pleasanton Pet Hotel marketing, educational, informational materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Town & Country Veterinary Hospital and Pleasanton Pet Hotel, its contractors, its employees, and any third parties involved in the creation or publication of marketing, educational, and informational materials, from liability for any claims by me or any third party in connection with my participation.

Authorization:

Print Name: _____ Signature: _____

Date: _____

Witness Name: _____ Witness Signature: _____

RELEASE FORM

I hereby consent and authorize you to prescribe, treat, and/or operate on _____. You are to use all reasonable precaution against illness, injury, escape, or death of my pet. Town & Country Veterinary Hospital & Pleasanton Pet Hotel and its staff will not be held liable for any problems that may develop while my pet is in your care. I understand that any medical problems that may develop will be treated as deemed necessary by the staff veterinarian, emergency clinician, or emergency hospital as deemed necessary. I will assume full financial responsibility for any treatment received at Town & Country Veterinary Hospital & Pleasanton Pet Hotel or the emergency hospital if the pet is transferred. Should my pet become ill for any reason following discharge, neither Pleasanton Pet Hotel, Town & Country Veterinary Hospital, or staff will be held liable. If I request treatment for such problems following discharge, I understand I will be financially responsible for any treatment I receive at Town & Country Veterinary Hospital & Pleasanton Pet Hotel, or at a hospital of my choice. If I neglect to pick up my pet within five (5) days of the discharge date and do not notify you within the same time frame, you may assume that the pet is abandoned and you are hereby authorized to dispose of the pet(s) as you deem best and/or necessary. It is understood that your doing so, does not relieve me of financial responsibility for boarding and/or hospital care.

I have read the forgoing and agree.

Date: _____

Print Name: _____

Signature: _____