

BOARDING PET ASSESSMENT

PET OWNER INFORMATION

Last Name: _____ First Name: _____ DOB: _____

Spouse/Secondary Owner: _____

Street Address: _____

City, State, Zip Code: _____

How were you referred?: _____

Primary Contact Number: Cell/Home/Work: _____

Alternate Phone Number: Cell/Home/Work: _____

Primary 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: _____

PET INFORMATION

Pet Name: _____ Breed: _____ Age: _____

Weight: _____ Sex/Gender: _____ Male _____ Female _____ Spayed/Neutered: _____ YES _____ NO _____

PET MEDICAL HISTORY

Has the pet been diagnosed with any medical conditions such as... IF YES, PLEASE EXPLAIN

Heart condition YES NO

Thyroid disease YES NO

Allergies (skin, food products) YES NO

Seizures (Explain frequency, severity, behaviors to look for.) YES NO

Physical limitations (Arthritis, blind, deaf, missing limb) YES NO

Cancer YES NO

Diabetes YES NO

Chronic infections (Ear, eyes, skin, etc.) YES NO

Bloat YES NO

Urinary tract infections or urinary/kidney stones YES NO

Any recent vomiting, diarrhea, coughing, sneezing, runny eyes? YES NO

Other : (Please describe) YES NO

Do you use flea/tick preventative ? Last given? Product? YES NO

Is your pet microchipped? YES NO

PET HISTORY

Has your pet boarded before? YES NO Prior Boarding Facility:

Has your pet been known to bite, nip, lunge at or attack a person or other pet? YES NO

Does your pet get along well with other animals? YES NO

Are there any specific behaviors or requirements we need to be aware of? YES NO

Is there any place on your pet's body that is sensitive to the touch or does not like being touched?	YES	NO
Does your pet fear anything in particular? Fireworks, children, sirens, men, women, etc.	YES	NO
Is your pet protective or aggressive over toys, leashes, food, etc.	YES	NO
What brand/flavor of food is your pet currently on?		
Is your pet on medications, supplements, or preventatives?	YES	NO IF YES, PLEASE LIST...
Do you have Pet Insurance?	YES	NO Name of Pet Insurance Provider:
<u>ADDITIONAL INFORMATION: (OPTIONAL)</u>		

***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, INFLUENZA (H3N2/H3N8), AND BORDETELLA. BORDETELLA IS REQUIRED EVERY 6 MONTHS FOR BOARDING. THE CANINE INFLUENZA (H3N2/H3N8) VACCINE MUST BE GIVEN 2 WEEKS PRIOR TO YOUR PETS BOARDING STAY. IF YOUR PETS VACCINATIONS ARE NOT CURRENT, 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. IF YOUR PETS VACCINATIONS ARE NOT CURRENT, AN EXAMINATION BY ONE OF OUR VETERINARIANS IS REQUIRED EVERY 6 MONTHS, PRIOR TO VACCINATING. Initial_____**

***FOR BEST PROTECTION, VACCINATIONS SHOULD BE GIVEN AT LEAST 2 WEEKS PRIOR TO BOARDING. LIKE THE HUMAN FLU, NO VACCINE IS 100% EFFECTIVE. WHILE WE DO OUR VERY BEST TO PREVENT ALL INFECTIOUS DISEASE, YOUR PET MAY COME INTO CONTACT AND/OR BE EXPOSED TO A RESPIRATORY DISEASE. 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, PAYABLE AT PICK UP TIME. 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, PAYABLE AT PICK UP TIME. Initial_____**

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

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

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:_____