

STEEPLECHASE VETERINARY HOSPITAL

Boarding Drop-Off and Consent Form

Pet Owner's Name: _____ Client ID: _____

Pet's Name: _____ Patient ID: _____

Boarding IN: Date _____ Time: _____ OUT: Date: _____ Time: _____ Fees Entered? _____

The Hospital is closed on Sundays and major holidays, so pets normally cannot be discharged on those days. However with 5-days' notice, we often can schedule a staff member to be present at a specified time between 6:00 pm - 7:00 pm. There is an additional charge for this service.

Is your pet currently on medication? ___ Yes ___ No. If yes, which meds, dosage, schedule, and time last given?

Did you bring your pet's own food/treats? ___ No ___ Yes. Brand: _____ Amount to feed, schedule, and time last fed? _____

Did you bring any of your pet's belongings (leash, blanket, etc.) ___ No ___ Yes. Itemize: _____

Does your dog play well with other dogs? ___ Yes ___ No Would you like your dog to have playtimes with other dogs if such are here and time permits? ___ Yes ___ No

Would you like your pet bathed before pickup? ___ Yes ___ No Groomed? ___ Yes ___ No **(additional fees apply)**

Is your pet eating normally? ___ Yes ___ No Any vomiting? ___ Yes ___ No Any diarrhea? ___ Yes ___ No

How is your pet's drinking? ___ Normal ___ Less ___ Unsure

My pet needs an exam and vaccines: ___ Yes ___ No ___ Unsure

My pet is on heartworm preventative: ___ Yes ___ No ___ Unsure

My pet needs a heartworm test: ___ Yes ___ No ___ Unsure

My pet has a problem. It began _____ days/weeks/months ago. Please describe the problem: _____

Has your pet been treated before for this problem? ___ Yes ___ No

Please note any other health concerns your pet may have: _____

Please note any additional instructions/information: _____

For all pets boarded at Steeplechase Veterinary Hospital, there must be evidence they are up to date on their rabies vaccination. In addition, dogs must be up to date on their Distemper/Parvo vaccination and cats on their upper respiratory series (FVRCP). We strongly recommend that dogs are also current on their Bordetella (Kennel Cough) vaccination.

Release for Unvaccinated Dogs

In this Hospital, as well as any place where dogs congregate, there is an increased risk of exposure to Bordetella which can be controlled by vaccination. Since I have made the decision to put my pet at such risk, I agree to hold Steeplechase Veterinary Hospital and its agents harmless in the event that my dog does contract this disease.

Authorized Signature

Date

In the unlikely event of your pet becoming ill or injured while staying with us, x-rays, blood tests and other diagnostic procedures may be recommended. We will call you to discuss any such needs and their cost prior to treatment. In the event of a life-threatening condition, we will stabilize your pet and call you as soon as possible. Please provide telephone numbers where we can reach you while your pet is boarding with us.

Primary Phone: _____ Cell Phone: _____ Land Line: _____

Other Phone: _____ Email Address: _____

I authorize Steeplechase Veterinary Hospital to do whatever is necessary in case of illness or other emergency situation for the health of my pet in the event your staff is unable to reach me. I understand I will be responsible for all charges incurred.

I acknowledge that my pet will not be observed at all times since Steeplechase Veterinary Hospital is staffed only during business hours.

I agree not to hold Steeplechase Veterinary Hospital nor any individual staff member liable for any accidents or injuries that might occur during my pet's boarding.

Owner/Agent Signature: _____ Date: _____

Owner/Agent Printed Name: _____

We are a flea- and tick-free environment. This means: if we see fleas or ticks on your pet, we will apply treatment at the owner's expense.