



# STEEPLECHASE VETERINARY HOSPITAL

## Boarding Drop-Off and Consent Form

### Medical Information (client use)

Is the pet eating normally? \_\_\_\_\_ Yes \_\_\_\_\_ No      Any vomiting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any diarrhea? \_\_\_\_\_ Yes \_\_\_\_\_ No      Any coughing? \_\_\_\_\_ Yes \_\_\_\_\_ No

How is the pet's drinking? \_\_\_\_\_ Normal \_\_\_\_\_ Less \_\_\_\_\_ More \_\_\_\_\_ Unsure.

Please note any medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Vaccine Requirements

#### Cats

- Rabies vaccination and upper respiratory series (FVRCP) must be up to date.

#### Dogs

- Rabies, Distemper/Parvo, and Bordatella (Kennel Cough) vaccinations must be up to date
- Must be receiving heartworm medication regularly or have been dewormed within the last three months
- Must be on flea preventative or we will administer Capstar

### Emergency Contact Information

In the unlikely event of your pet becoming ill or injured while staying with us, treatment 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.

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

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, injuries, or infectious disease that might occur during my pet's boarding.

Owner/Agent Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Additional Services (additional fees apply)

Would you like your pet bathed before pickup? \_\_\_\_\_ Yes \_\_\_\_\_ No Groomed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your pet need a medical exam or procedure? \_\_\_\_\_ Yes \_\_\_\_\_ No Vaccines? \_\_\_\_\_ Yes \_\_\_\_\_ No

**For Office Use Only**

Staff Name \_\_\_\_\_ **ALERTS** \_\_\_\_\_

Pet's Name \_\_\_\_\_ Pet Owner's Name \_\_\_\_\_

Boarding IN: Date \_\_\_\_\_ OUT: Date: \_\_\_\_\_ Approx. Pick-Up Time: \_\_\_\_\_

Rabies vaccine current? \_\_\_\_\_ Distemper/Parvo? \_\_\_\_\_ Bordetella? \_\_\_\_\_ HCP (cats) \_\_\_\_\_

On regular HW meds? \_\_\_\_\_ Regular flea/tick treatment? \_\_\_\_\_

Medical appointment? \_\_\_ No \_\_\_ Yes \_\_\_ Date \_\_\_\_\_ Grooming Appointment \_\_\_ No \_\_\_ Yes \_\_\_ Date \_\_\_\_\_

Food \_\_\_\_\_ Amount/Serving \_\_\_\_\_

Med Name/Dose: \_\_\_\_\_

Time last given? \_\_\_\_\_ Med Given \_\_\_\_\_ times/day \_\_\_\_\_ AM? \_\_\_\_\_ Mid-Day \_\_\_\_\_ PM

Med Name/Dose: \_\_\_\_\_

Time last given? \_\_\_\_\_ Med Given \_\_\_\_\_ times/day \_\_\_\_\_ AM? \_\_\_\_\_ Mid-Day \_\_\_\_\_ PM

Med Name/Dose: \_\_\_\_\_

Time last given? \_\_\_\_\_ Med Given \_\_\_\_\_ times/day \_\_\_\_\_ AM? \_\_\_\_\_ Mid-Day \_\_\_\_\_ PM

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Time last given? \_\_\_\_\_ Med Given \_\_\_\_\_ times/day \_\_\_\_\_ AM? \_\_\_\_\_ Mid-Day \_\_\_\_\_ PM

Med Name/Dose: \_\_\_\_\_

Time last given? \_\_\_\_\_ Med Given \_\_\_\_\_ times/day \_\_\_\_\_ AM? \_\_\_\_\_ Mid-Day \_\_\_\_\_ PM

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**Belongings**

Belongings left & where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
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