

**BOARDING ADMISSION FORM****Alameda Pet Hospital**

Your name \_\_\_\_\_

Pet's name \_\_\_\_\_

Pick-up Date \_\_\_\_\_ A.M. or P.M.? \_\_\_\_\_

Emergency Contact, phone # \_\_\_\_\_

**1. Is your pet current on its vaccinations?** YES NO

If we cannot verify vaccinations, your pet will be vaccinated and you will be charged for the Doctor Exam and the vaccinations.

**2. Is your pet on any medications?** YES NO

- If yes, what is the medication, amount, and frequency?

\_\_\_\_\_

- When did your pet receive its last dose? \_\_\_\_\_

**3. Would you like your pet to be examined by a doctor?** YES NO

- If yes, please describe symptoms:

\_\_\_\_\_

**4. Did you bring in your own food?** YES NO

- How much do you feed per day?

\_\_\_\_\_

- When was your pet last fed? \_\_\_\_\_

**5. Bath?** YES NO**6. Nail trim?** YES NO

\*Note there is a charge for both the bath and the nail trim. If your pet has fleas when entering the hospital, we will apply a dose of advantage and charge for it.

**PLEASE SIGN BELOW**

If your pet becomes ill or is noted to have a medical condition that requires treatment, you will be responsible for the Doctor Exam fee, any necessary diagnostics, medications and treatment. We will use emergency contact information to keep you updated in the face of any emergency.

This is to certify that I have been informed of and agree to the policies regarding boarding, vaccinations, costs, etc. as they have been explained to me by the hospital staff. I hold harmless Alameda Pet Hospital and its employees in the event my pet becomes injured or ill during its stay.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_