

St. Francis 24 Hr. Animal Hospital
Boarding Admission Form

Phone number(s) where you can be reached: _____

Emergency contact (if necessary this person will be able to make medical and financial decisions in the event you cannot be reached): _____

If multiple pets boarding, and if possible would you like you pets in the same kennel?

Yes No

Diet: Brought from home: _____

St. Francis to provide. Special Diet needed: _____

Proof of Exam and Vaccinations (due date):

Cats: FVRCP _____ FeLV _____ Rabies _____ Exam _____

Dogs: DHLPPC _____ Bordetella _____ Rabies _____ Exam _____

St. Francis to update all vaccinations needed. _____

(Please be aware that if your pet isn't current SFAH will bring vaccinations & exam, if needed, up to date.)

Personal belongings left: Carrier Leash Treats Medications Blanket
 Toys Other _____

Does your pet need (please mark all that apply) Fecal exam for intestinal parasites
 Nail trim Grooming Advantage Frontline Other _____

Please read before signing:

Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

I authorize medical treatment up to \$_____ until someone can be reached.

I do not authorize the medical treatment of my pet without contacting me first.

The boarding charges have been explained to me and I understand that payment is required at the time of pick-up. _____

Owner Signature/Date

If all of the above information has not changed, initial beside the corresponding boarding dates.

ADMIT DATE	DISCHARGE DATE	ADD'L SERVICES NEEDED	OWNER INITIAL

CLIENT _____ PET _____