**Pet’s Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cage Type:** Run Run Additional Cage: S / M / L **CAUTION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check In Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Check Out Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bath: ( Date or N/A )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diet** (please choose) : **Pinetree Animal Hospital Dry “House” Food**  \_\_\_\_\_\_\_\_ S**pecial Diet:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brought Food:** ( Brand, wet, dry, etc. ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feeding Instructions :** ( Be Specific ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **MEDICATIONS:** ( Name ) | **DOSAGE: ( SID – once a day ) ( BID – twice a day )** |
|  |  |
|  |  |
|  |  |

**Known Medical Issues / History:** *( Ex. Seizures, Diabetic, etc. )*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs :** ( Ex. Seizures, T-storm anxiety, Diabetic, etc. ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL ITEMS BROUGHT: (Be Very Descriptive) : (** *PINETREE NOT RESPONSIBLE FOR ANY LOST LEASHES, COLLARS, TOYS, BEDDING* **)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOARDING DETAILS: (** *Hospital Use Only* **)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day |  |  |  |  | |  |  |  |
| Date |  |  |  |  | |  |  |  |
| AM Walk |  |  |  |  | |  |  |  |
| Noon Walk |  |  |  |  | |  |  |  |
| PM Walk |  |  |  |  | |  |  |  |
| Urination AM  Noon  PM |  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
| Stool AM  Noon  PM |  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
| Appetite: AM |  |  |  |  | |  |  |  |
| Appetite: PM |  |  |  |  | |  |  |  |
| Attitude:  (*Issues Noted*) |  |  |  |  | |  |  |  |
| **Circle Items due** : ( Hospital Use Only ) **Appointment Date**: | | | | | **Date Given**: | | **Performed by**: | |
| **Exam** / **RV** / **DA2** / **Parvo** / **KC** / **Lyme** / **Lepto** / **HWC** / **Fecal** / **Bath** / **NT** | | | | |  | |  | |

Pinetree Animal Hospital - Canine Boarding Aggreement

**Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Check In Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Check Out**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** ( someone who is allowed to make treatment decisions if you cannot be reached )

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you or emergency contact cannot be reached*: ( please initial choice )

\_\_\_\_\_\_\_\_\_ Please treat my dog as required. I will be responsible for all charges when I pick up my dog.

\_\_\_\_\_\_\_\_\_ Perform *only* emergency and supportive care until I can be notified. I will be responsible for all charges when I pick up my dog.

\_\_\_\_\_\_\_\_\_ **DO NOT** perform any diagnostics or treatments until I am notified and consent for you to evaluate and treat my dog.

Procedures required and / or requested during dog’s stay with us:

Dogs MUST be current on Annual Exam, Rabies, DA2, Bordatella

\_\_\_\_\_ Physical Exam

\_\_\_\_\_ Rabies

\_\_\_\_\_ Distemper ( DA2PPC4 annual )

\_\_\_\_\_ Bordatella ( Kennel Cough )

\_\_\_\_\_ Lyme

\_\_\_\_\_ Lepto

\_\_\_\_\_ Heartworm Test

\_\_\_\_\_ Fecal

\_\_\_\_\_ Express Anal Glands

\_\_\_\_\_ Bath

\_\_\_\_\_ Nail Trim w/Dremel

Scheduled Appointment for Requested Procedures:  *( continue on back*