

**BEAVER BROOK ANIMAL HOSPITAL  
BOARDING ADMISSION/RELEASE FORM**

Place Client/Patient Label Here

**Check in Date:** \_\_\_\_\_ **Departure Date** \_\_\_\_\_  
**Emergency Contact Number** \_\_\_\_\_  
**Weight** \_\_\_\_\_ **lbs**

**Please check:**

\*Is your pet currently on any medication(s) Yes  No

*Administration fee: \$3.00 per frequency for 1<sup>st</sup> medication, \$1.00 per frequency for each add'l med*  
If yes, please list prescription name, amount given and time administered

\* In the last month has your pet received:

Flea and Tick Prevention Yes  No  Type: \_\_\_\_\_

Heartworm Prevention Yes  No  Type: \_\_\_\_\_

*\*\*If your pet is not current with Flea and Tick Prevention, it will be applied to them at the cost of up to \$30.00\*\**

\*Please feed my pet: Food supplied by owner  Hospital's Sensitive Stomach

\* Amount to be fed at each meal: AM \_\_\_\_\_ MID \_\_\_\_\_ PM \_\_\_\_\_

\* List personal items staying with your pet, items must be marked with pet's name. (We can not guarantee the return of listed items.)

\* List any special instructions or care your pet will need while staying with us.

**Please check any services you would like provided during your pets stay:**

Individual Cuddle Time, 30 mins. \$20.00  Individual Play Time, 30 mins. \$20.00

Nail Trim \$16.00  Ear Cleaning \$29.00  Bath \$40.00  Tooth Brushing  \$10.00/day

***\*\*Additional services including grooming and/or training are available but must be arranged with appropriate staff\*\****

As the owner or authorized guardian of this animal, I give permission to the Beaver Brook Animal Hospital to receive, treat, prescribe or otherwise care for the animal above as deemed necessary.

I understand that Beaver Brook Animal Hospital will exercise the option to proceed with treatment if no one is available for clearance. Max Amount \$ \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**BRIEF PRE-BOARDING EXAM**  
**(For staff use only)**

1) BCS 1 2 3 4 5	2) Oral Cavity/Teeth N / A – Dental Grade: 1 2 3 4	
3) Eyes: N / A	4) Ears: N / A	5) Musculoskeletal: N / A
6) Integument: N / A	7) BAR, QAR, ADR	

Recommendations/Comments:

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