

**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

Additional fees will apply

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/session Individual Play Time, 30 mins.\$20.00/session

Nail Trim \$17.00 Ear Cleaning \$31.00 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:
