

# Trumbull Animal Hospital Canine Boarding Admission Form

**Patient Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Admission Date:** \_\_\_\_\_ **Discharge date:** \_\_\_\_\_

I give permission for my dog to interact with other dogs in boarding with supervision of our kennel assistant \_\_\_\_\_

**Number of Happy Camper play days:**

Pets can be given one on one supervised play time totaling 30 minutes per day in our new outdoor play area for an additional \$18 per play day (Weather permitting. No play days available on weekends or holidays)

We supply Science Diet dry and canned food to our boarders; however, it is best to avoid diet changes that can lead to gastrointestinal upset so you may provide your own food for your pet. Prescription diets must be supplied or purchased through the hospital.

**Please list any supplied food or treats with feeding instructions:**

<u>FOOD</u>	<u>Amount per meal</u>	<u>Frequency</u>
Dry:		
Wet:		
Treats:	Time of Pet's Last Meal am / pm	
Special Instructions:		

**Medications: Please list all medications your pet is currently taking**

There will be an additional charge per day associated with giving medications

<u>Medication</u>	<u>Dosage Instructions</u>	<u>Date and time last given</u>
1)		
2)		
3)		

We supply warm bedding, clean food & water dishes. Please list any personal belongings you are leaving with you pet. We can not be responsible for any damage to items left with your pet. All property should be clearly marked with your name.

**Belongings brought:**

<input type="checkbox"/> Dry / Wet Food	<input type="checkbox"/> Bed/Blanket	<input type="checkbox"/> Toys
<input type="checkbox"/> Treats	<input type="checkbox"/> Collar	
<input type="checkbox"/> Food/ Water Bowls	<input type="checkbox"/> Leash	<input type="checkbox"/> Others
<input type="checkbox"/> Medications	<input type="checkbox"/> Harness	

**Permission for treatment**

In case of emergency or illness, the staff of Trumbull Animal Hospital will make reasonable attempt to contact you or your designated representative. In the event that you cannot be reached, you hereby give permission to the doctors & staff of Trumbull Animal Hospital to perform treatments or give medication as deemed necessary. You will be responsible for any additional charges at the time of discharge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_