



BOARDING ADMISSION FORM

Client name: _____ Phone number: _____

Email Address/Alternate method of contact: _____

Date of drop-off: _____ Date of pick-up: _____ AM or PM ?

Emergency contact: _____ Phone number: _____

**In the event that we can't contact you, is this person authorized to make medical/financial decisions on your behalf? Yes No (circle one)

Non-emergency Care

Every boarding pet receives a complimentary Technician Assessment upon admission. If a concern is noted, Animal Hospital of Irvine should:

- Call me to discuss recommendations Discuss recommendations at time of pick-up

Emergency Care

I authorize Animal Hospital of Irvine to do whatever is deemed necessary to ensure the safety and well-being of my pet(s) should an emergency arise. I accept full financial responsibility generated by such services and agree to pay all boarding, bathing, medical, and professional fees upon pick-up of my pet(s).

I understand that Animal Hospital of Irvine is not a 24-hour facility. There will therefore be no personnel available to monitor my pet(s) during closed business hours.

By signing below I acknowledge that I have read the above and fully understand the terms thereof.

Signature: _____ Date: _____

PET INFORMATION

(please fill out one form for each pet)

Pet Name: _____

Items left with pet:

Carrier Bed/Blanket Toys Other _____

Personal items are left at owner's own risk; we are not responsible for loss or damage.

Feeding Instructions:

Feed hospital food (Hills Sensitive Skin & Stomach)

Feed owner's food

Brand: _____ Amount: _____ dry _____ canned

Frequency: _____

Does your pet have any allergies or medical concerns? Yes No

If so, please explain: _____

Is your pet on any medications? Yes No

Name of medication:	Dosage:	Frequency:	Start date/time:

Special Instructions/Additional Services Requested:

Vaccine History:

For your pet's protection, all vaccines must be current. If any vaccines are past due, your pet must be vaccinated before his/her boarding stay. If your pet does not receive his/her vaccines at this facility, please provide documentation that verifies current vaccines prior to your pet's boarding stay. Vaccines may be administered at Animal Hospital of Irvine upon request. Any and all fees associated with such vaccines, including an updated exam, will be added to your bill. _____ (initial)

Date of last Rabies vaccination: _____

Date of last DA2P/FVRCP vaccination: _____

Date of last Bordetella vaccination: _____

Additional tests/services due: _____