

# Brea Veterinary Hospital

## Boarding Admission Form

Client's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Drop-off Date: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_

We require that all canine boarders have been currently vaccinated for DHPP, Bordetella, Rabies, and have negative fecal testing. Feline boarders must be current on the FVRCP vaccine and in individual cases a Rabies vaccine may be required.

If your pet requires a special diet and/or medications while boarding at Brea Veterinary Hospital, an additional fee will be applied.

We take every precaution to provide a flea free environment. Any animal showing evidence of fleas as determined by staff at check in **WILL BE REQUIRED** to receive a dose of flea medication at time of admission, and the *owner will be financially responsible*.

At discharge, animals who have stayed more than 21 days will receive a complimentary bath if desired. All others will be charged appropriately.

If a medical condition manifests during the time of boarding, the pet will be examined by the veterinarian at the owner's expense (this is to include animals whose emergency medical treatment has been declined). We will make every effort to contact the owner prior to any treatment.

Veterinarian and/or staff are NOT present during non-business hours.

## Patient Information

Belongings Left with Pet: \_\_\_\_\_  
(i.e. food, blankets, medication, etc.)

Name of Special Diet: \_\_\_\_\_ Amount to be fed: \_\_\_\_\_ When: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

I would like my pet examined by the veterinarian. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state reason: \_\_\_\_\_

I would like my pet Bathed YES/ No (Please Circle One)

On the Day of pick-up \_\_\_\_\_ OR the Day before pick-up \_\_\_\_\_

Application of Flea Control \_\_\_\_\_

In case of an emergency, I do \_\_\_\_\_ / I do not \_\_\_\_\_ authorize treatment for my pet as deemed necessary if I am unable to be contacted. (If Authorization is declined a secondary release form must be signed or boarding will not be permitted)

I will pay for all associated charges when I pick up my pet

Signature of Owner/ agent: \_\_\_\_\_

Date: \_\_\_\_\_

## Brea Veterinary Hospital

### Boarding Policy/Treatment Authorization Decline

While a pet is staying at our Hospital we reserve the right to perform a physical exam if a medical condition arises. If the pet is in a life threatening situation, or suffering in the opinion of the Veterinarian, and treatment is declined/not authorized, we reserve the right to perform humane euthanasia. The owner/representative of the owner will be financially responsible for the cost of services performed. If the conditions of this contract are not acceptable or if authorization of treatment is declined we will not allow pet(s) to stay at Brea Veterinary Hospital.

I, \_\_\_\_\_, owner/representative for owner of \_\_\_\_\_, understand by declining treatment for my pet during the time they are in the care of Brea Veterinary Hospital, I accept the opinion of the Veterinarian to perform humane euthanasia if my pet becomes ill and will be suffering without treatment.

\_\_\_\_\_  
Signature of Owner/Representative for Owner

\_\_\_\_\_  
Date

**Brea Veterinary Hospital**  
**\*Boarding Medication Form\***

Client Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Current Dose Amount: \_\_\_\_\_

Last Given: \_\_\_\_\_ Next Time Due: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Medication Name: \_\_\_\_\_

Current Dose Amount: \_\_\_\_\_

Last Given: \_\_\_\_\_ Next Time Due: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Medication Name: \_\_\_\_\_

Current Dose Amount: \_\_\_\_\_

Last Given: \_\_\_\_\_ Next Time Due: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_