

Trumbull Animal Hospital Feline Boarding Admission Form

Patient Name: _____

Client Name: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Admission Date: _____ **Discharge date:** _____

In order to board at our facility, your pet must be current on ***Rabies and Distemper vaccines*** and have a ***negative fecal within the last 6 months***. If your pet does not have a current fecal, one will be obtained while boarding and vaccines will be updated at your cost.

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"/> Medications	<input type="checkbox"/> Food/Water Bowls	<input type="checkbox"/> Other
<input type="checkbox"/> Carrier	<input type="checkbox"/> Litter / Litter Box	

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:** _____