



Boarders' Name \_\_\_\_\_  
Date \_\_\_\_\_

### BOARDING ADMISSION FORM

1. Emergency phone number \_\_\_\_\_
2. Do you give permission for your pet's picture to be taken while boarding and be used on our website and Facebook?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Would you like our team to bathe or groom your pet before checkout? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Please indicate any other services that you would like us to provide for your pet(s) during their stay with us.  
\_\_\_\_\_
5. Please indicate date and time you plan to check your pet(s) out of boarding: \_\_\_\_\_
6. We feed **Royal Canin GI Low Fat Veterinary Diet**. If you would like us to feed your pet(s) anything other than this, please specify. \_\_\_\_\_
7. Please indicate whether your pet(s) eat in the AM \_\_\_\_\_, PM \_\_\_\_\_, AM & PM \_\_\_\_\_, FREE FEED \_\_\_\_\_
8. Does your pet(s) require that we administer any medications during their stay? Yes \_\_\_\_\_ No \_\_\_\_\_ (please note that there is a **\$2.00 charge per night for administering oral medications or \$9.00 charge per night for administering injections in addition to the standard boarding fees.**) Please note the medications to be given and the directions as to how often they should be administered. \_\_\_\_\_
9. Please note any items you are leaving with your pet(s).  
\_\_\_\_\_
10. Is there any other information, such as health problems, unusual symptoms, behavior issues, likes or dislikes, etc. that we should be aware of while caring for your pet(s)? YES \_\_\_\_\_, NO \_\_\_\_\_
11. Is your pet(s) a fence climber YES \_\_\_\_\_ NO \_\_\_\_\_, or an escape artist YES \_\_\_\_\_ NO \_\_\_\_\_

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of Free Home Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded. I also give my consent to administer a Capstar flea treatment (\$5.45) upon admission to the boarding facility, to administer an Advantix application if any ticks are found on my pet(s), to vaccinate my pet(s) if overdue on any vaccinations (Rabies, Distemper, or Bordetella (kennel cough), to perform a fecal exam on my pet(s) if overdue, and to treat for intestinal parasites if necessary.

The doctors and staff of Free Home Animal Hospital shall use all responsible precautions against illness, injury or escape of my pet(s). However, I understand and agree that they shall not be held accountable or responsible in any manner for circumstances beyond their control and that I, as owner, shall assume those risks.

If my pet(s) remains unclaimed 7 days after the date, which I have stated as the pick-up date above, he/she will be considered abandoned, and may not be available for pick-up if I have not made prior arrangements with Free Home Animal Hospital to prolong their stay.

During your pet(s) stay, our team of professionals will attend to him/her. Unless specifically requested or a problem arises while your pet(s) is boarding, your pet will not be examined by a veterinarian. If it becomes necessary for your pet(s) to be examined by the veterinarian, an exam fee will be added to your boarding charges. I agree to pay in full upon pick-up for all services performed.

I have read the foregoing and agree.



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Signature of Owner/Representative of Owner

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Date