

(front & back side)

MERCURY ANIMAL HOSPITAL BOARDING ADMISSIONS FORM

(front & back side)

ACCOUNT # _____

PET'S NAME: _____

CLIENT'S NAME: _____

SPECIES: _____

ARRIVAL DATE: _____

SEX: _____

DISCHARGE DATE: _____

AM / PM
(AM-before 11am)

REQUIREMENTS FOR BOARDING: (Please provide a copy of vaccination if not provided by MAH. *Must be given by a LICENSED VETERINARIAN*)

SERVICES REQUESTED (CIRCLE):

DOG: DHP (w/in 1 yr), Bordetella (w/in 6mo.), Rabies (1 or 3 yr) Influenza (H3N8/H3N2) (w/in 1yr)	DHP-CV	BORDETELLE	LYME	RABIES	INFLUENZA (H3N2/H3N8)	FECAL	MEDICAL EXAM
CAT: FVRCP (w/in 1yr), Rabies (w/in 1yr)	HW TEST (4DX)	NAIL TRIM	LEUKEMIA (FELV)	FVRCP	FELV/FIV TEST	ANNUAL EXAM	
	ANAL GLAND EXPRESS	BRUSH OUT(not included in bath)	SPA DAY				
	PUPPY HW TEST	GROOMING	LASER THERAPY	BATH			

PERSONAL BELONGINGS:

Clean bedding is provided for all pets. We understand your desire to want to leave personal bedding with your pet but due to cleanliness issues and storage we will use our own bedding. We will also provide fresh, clean food and water bowls daily. **MERCURY ANIMAL HOSPITAL IS NOT RESPONSIBLE FOR DAMAGED OR LOST PERSONAL ITEMS** (ie. leashes, carriers, blankets, toys, etc.)

PERSONAL BELONGINGS LEFT: (Please list any belongings left with your pet)

MERCURY ANIMAL HOSPITAL IS NOT RESPONSIBLE FOR DAMAGED OR LOST PERSONAL ITEMS!

FEEDING INSTRUCTIONS: Own food should be pre-packaged in individual zip-lock baggies with their name, date and AM/PM on each bag

MEDICATIONS: (charge/per day) (ALL MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION CONTAINER. DO NOT PUT IN FOOD!)

Own food

Kennel food (charge/per day)

How much? _____ Dry _____

Can _____

Has your pet eaten today? YES NO

Does he/she need to eat again? YES NO

Once Daily AM PM

Twice Daily Three times a day

Free feed

Other: _____

Is your pet on medication? (Circle one) YES NO

Name of Medication: _____

Directions: _____

Name of Medication: _____

Directions: _____

Name of Medication: _____

Directions: _____

REQUESTED MEDICATIONS FOR PICK-UP ON DEPARTURE

REQUESTED MEDICATIONS FOR REFILL

Name of Medication: _____

Directions: _____

Name of Medication: _____

Directions: _____

Name of Medication: _____

Directions: _____

Name of Medication: _____

Directions: _____

BOARDING PETS TOGETHER:

If one of your pets gets sick, vomits, isn't eating or has bowel problems, it may be difficult to determine which pet is sick for an extended period of time, thus delaying treatment of the pet.

Boarding can be stressful to some pets and can cause them to fight while in the same cage/run, even though they may not fight at home. This may partially be due to the close quarters that they are temporarily staying in.



As the owner of the pets named above, I understand why you do not recommend that my pets be boarded together. However, I do prefer my pets be boarded together in the same cage/kennel during their boarding stay. I release Mercury Animal Hospital, Inc. and its staff from liability for injury to my pets incurred while boarding my pets **TOGETHER** at MY request.

YES NO
N/A

RELEASE OF LIABILITY AUTHORIZATION:

I, the owner, understand that you cannot guarantee the health of my pet. If my pet becomes sick during his/her stay with you, I understand and will not hold the hospital responsible for uncomplicated conditions that are unavoidable in boarding kennels such as, but not limited to, mild weight loss, hair loss, upper respiratory infections, abrasions from rubbing on cage doors, floors or bedding, coughing and **STRESS DIARRHEA**. I understand all pets admitted to our hospital must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated upon entry or discovery at the owner's/agent's expense. **SOFT STOOL/DIARRHEA is very common when boarding and can develop from STRESS, NEW ENVIRONMENT OR EXCITEMENT. We will provide treatment if this occurs (via bland diet &/or medication). The owner will be responsible for the cost of this treatment.**

_____ Initial

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but if they cannot get in contact with me immediately, the doctor **IS** authorized to initiate appropriate **STANDARD** treatment that he/she deems necessary.

_____ Initial

If and **EMERGENCY** arises, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for their health until I can be notified.

_____ Initial

If we believe your pet's situation warrants a doctor's monitoring throughout the night, then your pet will be transferred to **PEVC (Peninsula Veterinary Emergency Clinic) &/or (Animal Emergency Center)**. Any cost incurred will be the responsibility of the pet owner.

_____ Initial

I acknowledge and agree to pay, in full, all charges for the above services rendered to and for my pet at the time services are rendered. Payment is due at the time of discharge.

_____ Initial

I understand that if someone other than myself is to pick-up my pet from boarding, that I will let you know when I bring my pet in. Their information must be in writing at the time of admission. I understand that you will not release my pet to anyone other than myself without prior authorization from me (via a phone call or some or form of verification). I understand that all pets must be picked up within 5 days of the specified check-out date. **I understand that I must call you immediately if my "discharge/pick-up date" changes so we can plan accordingly.** If I neglect to pick up my pet **within 5 days** of the date scheduled for discharge, and do not notify you within that time period, you may assume that he/she has been abandoned. I understand that all efforts will be made to contact me also, but I do understand this is the protocol for MAH. Boarding charges **after day 5** will change and we **DO NOT** have to notify you of any new charges. You will be held responsible for the **ALL** new charges if you do not pick up your pet when deemed abandoned.

_____ Initial

I am the owner of this/these pets

I am not the owner of this/these pets: _____ (YOUR NAME)

SIGNATURE (OWNER/PERSON DROPPING OFF) _____

BEST PHONE NUMBER TO CONTACT YOU _____

EMAIL _____

EMERGENCY CONTACT (S) _____

BEST PHONE NUMBER (S) TO CONTACT THEM _____

EMAIL _____

If you have any questions about your pet and possible treatment during their visit, we recommend you speak with one of our veterinarians

Companion Animal Hospital, Ballston Spa, Young's Animal

HOSPITAL USE ONLY:

Admitting Receptionist Initials: _____ // Admitting Kennel Assistant Initials: _____