

Trumbull Animal Hospital CANINE Boarding Admission Form

Owner's Name: _____

Pet's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Admission Date: _____ Discharge Date: _____

In order to board at our facility, your pet must have been seen by one of our doctors within the past 12 months and be current on **Rabies and Distemper vaccines**. They must have a **negative fecal within the last 6 months**. If your pet does not have a current fecal, one will be obtained while boarding at an **additional cost**. Vaccines must be updated prior to boarding.

Number of Happy Camper play days: _____

Pets can be given one on one supervised play time totaling 30 minutes per day in our new outdoor play area for an **additional fee**. (Weather permitting. No play days available on weekends or holidays)

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 blankets, beds, bowls, and toys. Please bring their food as there is an **additional charge** for us to feed our food.

Please list any personal belongings you are leaving with your pet. We cannot be responsible for any damage to items left with your pet. All property should be clearly marked with your name.

Belongings brought:

☐ Dry / Wet Food	☐ Bed/Blanket	☐ Toys
☐ Treats	☐ Collar	
☐ Food/ Water Bowls	☐ Leash	☐ Others
☐ Medications	☐ Harness	

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: _____