

CIVANO ANIMAL HOSPITAL
AND EMERGENCY CENTER

SMALL ANIMAL - LARGE ANIMAL - EXOTICS



10425 E Drexel Road
Tucson, AZ 85747

BOARDING INTAKE FORM

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Color:
Weight

Phone Number:
Patient Age

Name: _____ **Emergency Contact Number:** _____
Arrival Date: _____ Departure Date: _____

Temper:

Overall Friendly Dog Aggressive Food Aggressive People Aggressive

Vaccine Status: (All Vaccines need to be administered at least 72hrs PRIOR to arrival.) PUT DATE LAST GIVEN

K9s: Rabies: _____ DHPP: _____ Bordetella: _____
Flu: _____ Lepto: _____
Felines: Rabies: _____ FVRCP: _____

Daily Care:

Hospital Food Own Food Own Treats

Feeding Instructions: _____

Medications? Yes No

If Yes:

Name: _____ Dose: _____ Route: _____ Times: _____
Name: _____ Dose: _____ Route: _____ Times: _____
Name: _____ Dose: _____ Route: _____ Times: _____
Name: _____ Dose: _____ Route: _____ Times: _____

Any Pre-Existing Medical Conditions? Yes No

If Yes, Please Explain... _____

Additional Requests:

Nail trim Bath

Pt Belongings:

- All animals must be free of external parasites or they will be treated at owner's expense.
- Civano Animal Hospital has my permission to do whatever is necessary should an emergency arise.
- If a tranquilizer is necessary for treatment or handling, Civano Animal Hospital has my permission to administer such medication.

This is to inform the veterinarians at _____ as to how they should proceed if, under the unfortunate circumstances, my pet goes into cardiac/respiratory arrest while boarded at our facility.

If my pet undergoes cardiac/respiratory arrest while under the care of _____, I would like the veterinarians to proceed as follows:

THE BEST NUMBER TO CONTACT ME IN THE EVENT OF AN EMERGENCY IS _____

Code Yellow: The veterinarians are to perform closed chest CPR, including manual compression of the chest, positive pressure ventilation, and administration of CPR drugs. I am aware and agree to pay all fees associated with performing CPR on my pet. The veterinarians are to attempt to contact me and ask if CPR is to be continued. If I cannot be contacted within 15minutes or arrest and resuscitation is not successful, the veterinarians are to discontinue CPR.

Code Red: The veterinarians are not to attempt CPR or any other form of resuscitation and I will be contacted at the number I have listed.

I have read and understand this consent form and verify that I am of legal age (18 years or older).

Client Signature: _____ **Date:** _____

Physical Exam: (For Office Use Only)

<i>Vitals at Check-In:</i>	Temp: _____	Pulse: _____	Resp: _____	Weight: _____
<i>Attitude:</i>	BAR	QAR		Other: _____
<i>Coat:</i>	Clean	Dirty	Matts	Other: _____
<i>Skin:</i>	Clean	Sores	Dry	Other: _____
<i>Eyes:</i>	Normal	Cloudy	Drainage	Other: _____
<i>Nose:</i>	Wet	Dry/Cracked	Discharge	Other: _____
<i>Ears:</i>	Clean	Dirty	Red	Other: _____
<i>Abdomen:</i>	Normal	Distended	Hard	Other: _____
<i>Paws:</i>	Normal	Cracked/Dry	Matts	Other: _____
<i>Gums:</i>	Pink	Red	Bloody	Other: _____
<i>Teeth:</i>	White	Tartar Mass	Loose	Other: _____

Technician Signature: _____ **Date:** _____ **Time:** _____