

Boarding intake form for owners:

Date and expected arrival time: _____

Date and expected departure time: _____

Client information:

Name: _____ Best phone number: _____

Secondary Phone number: _____ Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact name and number (if different): _____

Regular Veterinarian: Rita Ranch Pet Hospital _____

Pet Information:

Name _____ Species: _____ Breed: _____

Color/markings: _____ Age/DOB: _____

Sex (circle one): **Female intact** **Male Intact** **Female Spayed** **Male Neutered** **Unknown**

Vaccine status: (please provide the full date these were last received to include month/date/year)

Cat: Rabies (*required*) _____ FVRCP (*required*) _____

Dog: Rabies (*required*) _____ DHPP (*required*) _____ Bordetella (*required*) _____

Influenza (*recommended*) _____ Leptospirosis (*recommended*) _____

Ferret: Rabies (*required*) _____ Distemper (*required*) _____

Feeding:

Please bring enough food for the entirety of your pets stay. We do NOT allow prefilled bags with medications already prepared for safety reasons. Any bottles of medications or supplements can contain only what is prescribed and sold in that bottle. We do not allow mixed medications in the same container.

If your pet's appetite declines during their stay, staff will offer canned or baby food in attempt to entice. Further inappetence or issues may require a veterinarian's exam or prescription at an additional cost.

Initial here stating you understand _____

Current Diet: _____ Amount fed: _____ How often is your pet fed: _____

Does your pet have any previously diagnosed food allergies? (*circle one*) Yes No

If so, please specify below:

Behavior:

Has your pet been known to bite others? (circle one) Yes No

If so, please specify below:

Has your pet been known to be aggressive to other pets? (circle one) Yes No

If so, please specify below:

Has your pet had incidents where they have been unknowingly aggressive? (circle one) Yes No

If so, please specify below:

Has your pet been known to be destructive when anxious? (circle one) Yes No

If so, please specify below:

In the event of any behavior issues, please know Civano Animal Hospital and Emergency Center has the right to prescribe light sedation in order to ensure the safety of your pet as well as our staff during their stay. If your pet has not been examined here at our clinic, an exam fee will be charged at your expense prior to prescribing.

If your pets are boarding in a shared kennel, please understand there is a risk for injury to or fighting with each other during the stress and excitement of boarding. If an injury or fight occurs to your pet(s) in their shared kennel, we will treat the pet(s) under your approval at your expense.

Personal items at risk for loss due to the high volume of laundry and belongings in our clinic. Toys and bedding are at risk for destruction by the pet(s). If your pet becomes destructive with or ingests portions of toys or bedding during their stay, medical care will be provided under DVM direction as needed at an additional cost to you.

Please initial here stating you understand our behavior protocol _____

Medications:

Is your pet on any medications? (circle one) Yes No

If yes, please list all medications below to include full name, dose, route and times given. If you have a controlled substance, you must also complete the controlled substance intake form with this same information as well.

Medication:	Dose:	Route:	Time given:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Diarrhea:

If your pet has diarrhea while under our care Civano Animal Hospital has permission to prescribe a short course of probiotics. If blood appears in the stool or if there is no improvement you will be contacted on how to proceed.

Please initial stating you understand _____

Additional Requests:

Please note we do not have a groomer but can offer a clean up bath or nail trim at an additional cost. Would you like to request any additional services during your pet’s stay? If so, please specify below:

Medical emergency:

Resuscitation Status:

This is to inform the veterinarians at Civano Animal Hospital and Emergency Center as to how they should proceed if, under the unfortunate circumstances, your pet goes in to cardiac or respiratory arrest while boarding in our facility.

If my pet goes in to cardiac or respiratory arrest while boarding at Civano Animal Hospital and Emergency Center, I would like the veterinarian to proceed as follows while making attempts to reach me: *(initial one)*

_____ **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 the fees associated with performing CPR on the pet described above. The veterinarians are to attempt to contact me and ask if CPR is to be continued. If I cannot be contacted within 15 minutes 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 via phone.

Select one:

I authorize CAHEC to begin diagnostics or medications in the event there is concerns for my pet without contacting me *(initial here)*

If my pet is deemed stable by the veterinarian on staff, I only want to be notified if the price is above: *(you must initial one)*

- \$250.00 _____
- \$500.00 _____
- 1,000.00 _____

I DO NOT authorize CAHEC to begin diagnostics or medications in the event there is concerns for my pet without contacting me *(initial here)* _____

Please sign, print, and date below stating you have filled everything on this form as accurately as possible and have read our boarding policy (not included on this form) and agree to any additional charges that may appear on your account at the time of pick up.

Signature: _____

Printed Name: _____ Date: _____