**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 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 alert our staff when scheduling, as we cannot take these medications in at drop off unless it is a compounded variation.

Medication: Dose: Route: Time given:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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:

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**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.

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***from here on to be completed on intake by staff**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Medication Verification (staff and client to review)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

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Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

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Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

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Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

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Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

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Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

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Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

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Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

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Name/Strength/Format Scripted by Quantity on intake Quantity at discharge

**Intake:**

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Client Signature Client Print Name Date

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Staff Signature Staff Print Name Time

**Discharge:**

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Client Signature Client Print Name Date

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Staff Signature Staff Print Name Time