Triangle Veterinary Hospital Boarding Intake Form

Owners Name:_____ Pets Name:_____ Check-In:_____Check out:_____	Weight:_____ Kennel:_____ Veterinary services needed: ☐ Bath* ($35.61-58.40) ☐ Summerclip*($50.41-106.83) ☐ Nail trim ($19.76)

Emergency Contact Name:_____ Emergency Contact #_____

Is this pet currently on a Flea/Tick preventative? ☐ No ☐ YES

Is this pet currently on any medications*? ☐No ☐YES

Medication Name & Reason	Dose:	How often? Given with Food?	Duration of meds?

When should Medications be started? _____

Feeding Instructions*: ☐ Once daily in the ☐ AM or ☐ PM ☐ Twice daily ☐ Thrice daily ☐ Free feed ☐ Wet food ☐ Dry Food ☐ Combination wet and dry. How much should we feed your pet?_____ ☐ I am providing my own food*, specify: _____

Personal items I am leaving with my pet*: ☐ None _____

We will ***NOT*** release a pet to anyone except the owner, unless written consent is given below: I Will allow the following person to pick up my pet:_____ Their phone # is:_____.

Their address is:_____.

Signature of person with owner release consent at pickup_____

By signing the Boarding consent form, the client implies that they have read and understand the information included on the form. Please ask if there is a question about the content.

Hospitalization and Boarding Policy

By signing the Boarding consent form, the client implies that they have read and understand the information included on the form. Please ask if there is a question about the content.

All pets left at TVH will be charged a boarding, hospitalization, or ICU fee. This will be left to the managing clinicians' discretion, and is based on the status/acuity of the animal.

An additional fee will be included for all animals requiring medication while boarding or during hospitalization.

All pets boarding or hospitalized must comply with the TVH Vaccination Policy. The managing clinician may choose to make an exception to the policy on a case-by-case basis according to the patient's condition.

TVH is a flea-free facility. All pets are screened at the time of admission for evidence of fleas and other external parasites and immediately treated at the owner's expense.

Please feel free to inquire about any fees and we will be happy to explain them to you.

Vaccination Policy

For the safety and health of your pet and our patients and boarders, we require all pets to be current on vaccinations. In general, Triangle Veterinary Hospital ("TVH") requires annual vaccination, a heartworm test (for canines) and an intestinal parasite exam for our patients and boarders.

All canine patients and boarders must be current on a distemper/parvo vaccine, bordetella vaccine, and rabies vaccine. All Pets must have a negative current fecal test.

All feline patients and boarders must be current on a feline distemper (a combination vaccine) and rabies vaccine. Feline leukemia vaccine is recommended based on risk assessment of possible exposure to other felines.

Payment Policy

We accept cash, personal check, certified check, Visa, MasterCard, Discover, AMEX, ATM/Debit, and CareCredit as payment. Payment is due at time of release except for Sunday pick-up. Payment for Sunday pick-up is due at the time of check-in. If someone else is picking up your pet, financial arrangements must be made in advance.

We make every effort to be completely accurate. You may be billed for additional fees for tests or items that have not been entered at time of discharge. Any invoice received at discharge may not reflect your total account balance.

Consent and Acceptance of Financial Responsibility

I am the owner or agent of the pet listed on page one of this form and have the authority to execute this consent.

I hereby authorize Triangle Veterinary Hospital to house, feed, administer medications as listed on page one of this form, vaccinate, and treat my pet for external parasites as needed. . I further understand that the stress of being away from home may bring on an unforeseen illness. If during this stay my pet becomes sick, I authorize such tests, medical/surgical treatments, and administration of medications as deemed necessary by the veterinarians to treat my pet effectively. I further understand that I am financially liable for all costs incurred from the treatment of my pet.

Date:_____Signature of Owner at dropoff:_____ TVH Witness _____

Date of pickup:_____ Signature of Owner at Pickup Release:_____