

Permanent Boarding Record

Species: Feline / Canine / Exotic / Avian

Georgetown Veterinary Hospital

Owner:
Street:

Case No:
Phone:

Patient:
Breed:
Sex:
Age:
Color:

For Your Pet's Health

VACCINATION POLICY

Georgetown Veterinary Hospital requires all pet's vaccinations to be current or owner must provide documentation as proof thereof. Bordatella (intranasal) is required for dogs. If your pet is not current at time of admission, or we have not been given current records, a doctor will examine your pet and the required vaccinations will be administered at the owner's expense. Required vaccinations include:

CANINE: Bordatella (6 month), DHPP, Rabies
Fecal Exam (6 month)

FELINE: FVRCP, Rabies

MEDICAL INFORMATION:

Circle any of the following health problems your pet has experienced:

Seizures	Heart Disease	Blindness	Deafness	Arthritis
Allergies	Ear Infection	Back Disorders	Past Surgeries	Other

Details of above circled: _____

Does your dog climb/jump/chew through fencing of any type: ____ Yes ____ No *if yes, please note which:* _____

In a stressful/new situation, circle any of the following that describes how your dog reacts:

Wildly Active Active Assured Reserved Withdrawn/Lethargic

Is your pet Microchipped? Yes____ No____

If no, would you like your pet Microchipped today? Yes____ No____

Group Play Time: If and when possible, dogs are given the opportunity for group play. Completing the following information will allow the kennel technician(s) to place your dog in the play yard for group play with appropriate size, weight, and like-mannered dogs. If you do not complete the following, your animal will not be authorized to enjoy group play.

____ My dog is often around other dogs in public places such as PetSmart and the Dog Park(s)

____ My dog is not dog aggressive – does not try to harm or injure other dogs

*Based on the information provided above, I hereby grant my permission to **Georgetown Veterinary Hospital**, and its employees, to determine an appropriate play group for my pet(s) and allow group play while boarding. I will hold **Georgetown Veterinary Hospital**, harmless in the event a "doggie disagreement" happens and authorize the Doctors of **Georgetown Veterinary Hospital** to treat any injuries if necessary, at owners cost.*

____ I do not want my dog to participate in group play

Owner/Agent Signature _____ Date _____

****This form will be kept as a permanent record for all future boardings.****

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number listed regarding your pet's condition. If no one can be reached however, please indicate your wishes should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition:

____ Perform whatever treatment the doctor deems necessary until I can be contacted. Up to \$ _____

____ Do not administer any medical treatment until specific authorization is given.

Owner/Agent Signature _____ Date _____

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