



Boarding Admissions Form

Check In Date: _____ **Check Out Date:** _____

Owner Name: _____ **Phone #:** _____

Pet Name: _____ **Species:** _____ **Breed:** _____

Age: _____ **Sex:** _____ **Neutered/Spayed:** _____

Diet

Provide own food Hospital Food (Science Diet Sensitive Stomach)

Amount per feeding (i.e. .5 cup, 1 cup) _____

AM Noon PM

When is your pet due for his/her next meal?

AM Noon PM

Does your pet have any allergies to food or treats? Yes No

Belongings (Type, Quantity, and Description)

Emergency Contact: Name _____ **Phone** _____

I give permission to Bethany Animal Hospital to walk my pet(s) off leash in the fenced in backyard
(This only applies to dogs) Yes No

I give permission for Bethany Animal Hospital to use my pet(s) photo on a social media website.
Yes No

Would you like Bethany Animal Hospital to send you pictures of your pet(s) while boarding?
Yes No What phone number would you like the picture sent to? (limit 1 number please) _____

Would you like any additional services for your pet? (Services are in addition to boarding fee)

Bath (includes ear wipe out.) Yes No

Price range for baths are at staff discretion (\$20.00 Min \$60.00 Max ~depending on animal size and coat length)

Anal Gland Expression \$29.00 Yes No **Nail Trim** \$23.00 Yes No **Tooth Brushing** \$11.00 Yes No

I (owner) read through the above information and confirm that the information is correct.

Signature: _____

Date: _____



SUNDAY PICKUP ONLY

I will pick up my pet/s personally at 6:00 p.m. Yes No (if no please see below)

I am giving _____ permission to pick up my pet(s). The named person must have an appropriate ID or the hospital will not be able to release your pet/s to them.

Medications

Name and strength of medication: _____

How many (i.e. 1 tab)

How is this medication administered (i.e. in treat/injection)?

How often does your pet get this medication?

AM Noon PM

When is your pet due for his/her next dose? Date _____

AM Noon PM

Name and strength of medication: _____

How many (i.e. 1 tab)

How is this medication administered (i.e. in treat/injection)?

How often does your pet get this medication?

AM Noon PM

When is your pet due for his/her next dose? Date _____

AM Noon PM

I (owner) have read through the above information and confirm that the information is correct. I also understand there will be a \$2.00/day medication administration fee.

Signature: _____

Date: _____