



**The Parkway Veterinary Hospital
Boarding Registration
Check in from 9am to 7pm M-TH
9am to 5pm Fri and 10am to 4pm Sat**

TO INSURE THE HEALTH AND SAFETY OF YOUR PET, WE REQUIRE THE FOLLOWING:

- ◆ We flea comb all boarding pets. If fleas are found, Advantage will be applied at the cost of \$16.
 - ◆ We need proof of current vaccinations/titer: We will update your pets vaccines and/or titers if medical records indicate they are due.
 - ◆ dogs must have current - DHLPP (or Titers), Bordetella, and Rabies;
 - ◆ cats must have current - FVRCP, FeLV, and Rabies. ◆cats need proof of being FeLV negative.
 - ◆ All pets must be **spayed or neutered**. (pets under 6 months old are exempt).
- Our records indicate that your pet is due for veterinary services, please review attached sheet and indicate below which service(s) you wish your pet to receive while boarding with us.
- Our records indicate that your pet is up to date on required vaccines and tests. If we have missed something, please indicate below what you would like your pet to receive while boarding with us.

- Services desired while boarding:**
- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> Annual Health Exam | <input type="checkbox"/> Fecal | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Vaccines | <input type="checkbox"/> Titer | <input type="checkbox"/> Flea Treatment |

Other as listed: _____

Please answer the following questions concerning your pet's present health:

Has your pet shown any recent signs of: diarrhea? vomiting? sneezing? coughing?
Have there been any other unusual symptoms we should be aware of while boarding your pet? _____

PETS SHOWING THE FOLLOWING SYMPTOMS MAY NOT BE ALLOWED TO BOARD.

THESE ARE (BUT NOT LIMITED TO) THE FOLLOWING:

COUGHING, SNEEZING, DIARRHEA, VOMITING, DISCHARGE FROM EYES OR NOSE, LETHARGY, RINGWORM, MITES, OVERALL POOR HEALTH AND/OR POSITIVE TEST RESULTS FOR ANY VIRAL OR PARASITIC INFECTIONS.

Emergency Treatment Authorization

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the Parkway Veterinary Hospital to treat, prescribe for, or operate on my pet while he/she is being boarded at the Parkway Veterinary Hospital, or transport my pet to the veterinarian of my choice, should it be necessary. In case of an emergency, all attempts to contact the owner or emergency contact will be made, however, if the staff at the Parkway Veterinary Hospital is unable to reach the owner or emergency contact, treatment will be done at the discretion of the Veterinarian.

They are to use all reasonable precautions against illness, injury, or escape of my pet, but they will not be held liable or responsible in any manner whatsoever.

Should the circumstance arise that my pet remains unclaimed after the date that I have stated as the pick-up date, I understand that written notice will be mailed to my address. Seven days after such written notice, the pet will be considered abandoned. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

I have read the foregoing and agree.

Signature of Owner / Representative of Owner

Emergency Contact #

Date

I authorize the following person(s) to pick up my pet on my behalf: _____

Name, Contact #

Owner: _____ ID#: _____ Phone #: _____ Date: _____

Pet: _____ ID#: _____ Pet's DOB: ____ / ____ Sex: M M/N F F/S

Breed: _____ Color: _____

Distinguishing marks: _____

Date to be picked up: ____ / ____ / ____ Time of pick up: _____

Tell us about your Pet: *this information will help us provide exceptional care for your animal companion.*

Medical Concerns / Allergies: _____

Behavioral Concerns: _____

Belongings from home: _____

Food fed at home: _____ How many times a day? 1x 2x 3x Amount per meal: _____

We are happy to feed your pet Science Diet Maintenance at no additional charge, or you may bring your pet's diet from home.

Treats: _____ How many times a day? 1x 2x 3x Amount per serving: _____

Vitamins/Supplements: _____ How many times a day? 1x 2x 3x

Medications: Please list your pets current medications below:

Medication Name: _____ Dose: (eg: 1 pill, 1/2 pill) _____ Frequency: _____

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OFFICE USE ONLY

Pre-board Technician Exam

Tech.: _____ General: Healthy Other _____

Fleas: No Yes

Skin: Normal Other _____

Eyes/Ears: Clean Discharge / Dirty / Red

Cough/Sneeze: No Yes

Weight: _____ Temperature: _____

Vaccine History: DHLPP /Titer ____ / ____ FVRCP ____ / ____

Bordetella ____ / ____ FeLV ____ / ____

Rabies ____ / ____ Rabies ____ / ____

Date of last fecal exam: ____ / ____ fecal results: _____

Viral Tests for Cats: neg. FeLV test ____ / ____ neg. FIV test ____ / ____

Other Care Needs:
