



Boarding Registration

You may check your pet in up to 60 minutes before closing and pick up anytime during regular **business hours: M-F 9a to 5p, Sat: 10a to 4p.** Please allow 10 minutes for routine check in and out. Sunday drop off & pick up by appointment between 12pm – 3pm. For updates on your pets during their stay, please email us at **boarding@acglo.com**

For Office Use Only	
MEDICAL DX:	_____
Booking Date:	_____
Reservation Dates:	_____
Client Name/#:	_____
Pet Name:	_____
Vx Status Confirmed by	_____ on _____
Info Rechecked by	_____ on _____

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

- We flea comb all boarding pets. If fleas are found, Flea treatment will be applied and billed to you.
 - All pets must be up to date on vaccines.
 - ◆ dogs must have current - DAP (or Titters), Bordetella, CIV (flu) and Rabies;
 - ◆ cats must have current - FVRCP and Rabies. ◆cats need proof of being FeLV negative.
 - All pets must be **spayed or neutered.** (pets under 6 months old are exempt).
 - All medications need to be in their original containers, not presorted.
- 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"/> Flea Treatment	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Intestinal Parasite Screen	<input type="checkbox"/> Vaccines/Titer
<input type="checkbox"/> Other as listed: _____		<input type="checkbox"/> Massage

Does your pet need **Grooming Services** while here: Full Groom, Bath/Nail Trim, Other: _____

Does your pet require medicated or hypo-allergenic shampoo? Please list specific instructions: _____

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 transfer my pets care to one of our local emergency veterinary clinics, 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, including transporting my pet to an emergency hospital. 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: _____

Pet: _____

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 Purina EN 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

DIABETIC INSTRUCTIONS: *If your pet has been diagnosed with diabetes and is currently receiving insulin injections, then your pet requires special care from our boarding team. Unfortunately, the stress of boarding often requires additional attention because pets may not want to eat yet require insulin. Once in boarding, if your pet refuses to eat or is otherwise doing poorly, a DVM will examine your pet, attempt to contact you and make appropriate adjustments to their care. This may include, but not be limited to, examinations, blood tests, nutritional support and hospitalization at an additional expense.*

INSULIN NAME: Dose: (eg:Units): _____ Frequency: _____

What time does your pet eat? _____

What do you recommend trying if your pet does not want to eat? Different food choices? _____

Other Medications: Please list your pets current medications below: Include Heartworm & Flea Prevention

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: DAP/Titer _____ / _____ FVRCP _____ / _____

CIV _____ / _____ FeLV _____ / _____

Bordetella _____ / _____ Rabies _____ / _____

Date of last IPS Test: _____ / _____ IPS results: _____

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

Other Care Needs: _____