



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 dropoff & pickup by appointment between 12pm – 3pm.

For Office Use Only

Booking Date: _____
Reservation Dates: _____
Client Name/#: _____
Pet Name: _____
Vx Status Confirmed by _____ on _____
Info Rechecked by _____ on _____

For updates on your

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 - DHLPP (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:

- Annual Health Exam Flea Treatment Fecal
 Heartworm Test Nail Trim Vaccines/Titer Massage

Other as listed: _____

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 pet's 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

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: 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:
