



**The Parkway Veterinary Hospital Boarding Registration**  
**Check in from 9am to 7pm M-TH, 9am to 5pm Fri and 10am to 4pm Sat**  
**Pick up from 9am - 7pm M-TH, 9am - 5pm Fri, 10am - 4pm Sat**  
**Pick up by appointment only from 2pm -4pm Sunday**

**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 at the cost of \$17.
  - ◆ 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 prescribe for, or operate on my pet while he/she is being boarded at the Parkway Veterinary Hospital, or transport my pet to a hospital 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 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 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, written notice will be mailed to my address. Seven days after such written notice, the pet will be considered abandoned. It is understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including boarding service.

I have read the foregoing and agree.

Signature of Owner / Representative of Owner	Emergency Contact #	Date
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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, ½ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_