



CLIENT ID: _____

PATIENT: _____

CLIENT: _____

BOARDING AUTHORIZATION

PHONE NUMBER: *Mr. Mrs. Co-owner / WORK HOME CELL:* _____

(In case of Emergency)

DATE ENTERED: _____ **DATE LEAVING:** _____

Circle the following where appropriate:

LAST MEAL GIVEN: Yesterday/ Today around _____ AM / PM

OWN FOOD: YES OR NO DESCRIPTION: _____

FEEDING INSTRUCTIONS: _____

START DATE: _____ AM/ PM

MEDICATIONS: YES NO DESCRIPTION: _____

START DATE: _____ AM/ PM **DOSAGE AMOUNT:** _____

ADDITIONAL SERVICES AVAILABLE: Nail Trim Exam Fecal Ear Cleaning
Anal Gland Cleaning Heartworm Test

SPECIFY: _____

TOYS COLLAR/LEASH CARRIER BEDDING

DESCRIPTIONS: _____

*The nursing staff will make every effort to maintain such items. However, they' may become soiled or misplaced just as at home. *

SCHEDULE BATH BY NURSES: Given by nurses YES OR NO **DATE:** _____

SCHEDULE GROOMING: Given by our groomer Ashley M. YES OR NO **DATE:** _____

SEDATION (If needed for any services to be done) YES OR NO

Presurgical Labwork: (Required for pets over 6 years, if being sedated) YES OR NO

Clean-Up Baths are done for pets that soil themselves. This does not include nail trim, anal gland expression or ear cleaning. Owners will be charged an additional \$28.09, if there are more than 3 clean-up baths done throughout the duration of stay. (Pets are walked 3 to 4 times a day)

PLEASE CALL PRIOR TO PICK UP TO MAKE SURE YOUR PET IS DRY

Dogs admitted for boarding must be **Currently Vaccinated** for Rabies, Bordetella, Distemper (DHPP), and Influenza in addition to the Heartworm Test if being sedated. Cats admitted for boarding must be **Currently Vaccinated** for Rabies and Distemper (FVRCP). Pets with external parasites (fleas, ticks, mites, etc.) or without verifiably current vaccinations will be treated at admission at the standard fee, medical condition permitting. If your dog needs to have cleanup baths (3 or more) during their stay there will be an additional \$28.09 charge added to the invoice. In the event of illness or injury, I authorize the **Gaithersburg Animal Hospital** veterinarians and staff to administer treatments and medications as deemed necessary for the health, safety, comfort and well-being of the above-mentioned pet.

SIGNATURE: _____ **DATE:** _____

RECEPTIONIST: _____ **NURSE:** _____ **DOCTOR:** _____