

BARTON HEIGHTS VETERINARY HOSPITAL
MEDICAL BOARDING FORM

Patient Label

Date of Admission: _____ Expected Discharge Date: _____

Contact Name: (If not owner): _____

Owner Contact Number: _____

Diet:

Does your pet have any food allergies or dietary concerns? YES NO

If yes, please explain _____

Feeding Schedule:

Morning Meal – Amount: _____ dry _____ canned

Evening Meal – Amount: _____ dry _____ canned

Other: _____

Treats or supplements: _____

Medications: NO Medications

Medication _____ Dose: _____ Time: _____ AM _____ PM

Medication _____ Dose: _____ Time: _____ AM _____ PM

Medication _____ Dose: _____ Time: _____ AM _____ PM

Medication _____ Dose: _____ Time: _____ AM _____ PM

Any other medication instructions: _____

Health:

Are there any current or past health concerns that we should be aware of? _____

Additional treatment my pet will need during their stay: _____

Behavior:

Are there any behavior issues we should be aware of? _____

Any tips for us to help your pet have an enjoyable stay here at Barton Heights? _____

Please list anything that your pet is afraid of, i.e., thunderstorms, men, women, etc . _____

Personal Belongings:

Please list any personal belongings you are leaving with your pet: _____

I understand that Barton Heights Veterinary Hospital does not provide 24 hour supervision. I understand my pet must be up to date on all vaccinations to board at our facility. Any external parasites (fleas/ticks/worms) will be treated immediately. I understand that I am financially responsible for any cost associated with the vaccinations or external parasite treatment and that payment is due at time of discharge. In the event of an emergency, the veterinarian and staff at Barton Heights Veterinary Hospital will do all in their power to reach me. In the event I can't be contacted (nor the emergency contact listed above), I understand that the appropriate treatment will be given to my pet and I assume financial responsibility for this care.

Signature: _____ Date: _____