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: ____________________________

________________________

5/12/12 scbr
**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 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 cannot 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: ________________________________