



DEERFIELD • ANIMAL • HOSPITAL

Neelesh Narurkar, DVM Jennifer Halberg, DVM Anne M. Faseler, DVM
Jessica Cantu, DVM Karla Castillo, DVM

BOARDING ADMISSION FORM

Admission date: _____ Pick up date: _____
Owners' name: _____ Pet's name: _____ Age: _____ Sex: _____
Address: _____ Species: _____ Breed: _____
Color: _____

ALERT: (for Deerfield to fill out):

Emergency Contact to make medical and financial decisions:

Name: _____ Phone: _____

Diet: (check one) ___ Food provided by DAH (Science Diet) ___ Owner provided special diet _____
Feeding schedule: (circle) Once a Day or Twice a Day or Free Feed
Amount/feeding: _____ cups/bags/can
Last time of meal? (date) _____ AM / PM or N/A

Treats schedule (if applicable): Amount: _____ treats (circle) once a day or twice a day

Belongings: (circle all that apply) N/A Leash Collar Harness Carrier Blanket Toy Bed Food
Other: _____

Treatments or services requested before discharge: (check all that apply)
___ Bath ___ Nail Trim ___ Express Anal Glands ___ Annual Exam/Vaccinations Other: _____
Notes: _____

Are there any existing medical conditions we need to be aware of during boarding? _____

Any history of aggression? _____

I authorize treatment should he/she develop diarrhea while boarding. (\$45-\$60) _____ (owner initials)

I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent. I realize the hospital admission policy requires that all pets must be free from external parasites (fleas/ticks) and that if any are found, they may be treated at my expense.

I understand the Doctor's and staff of Deerfield Animal Hospital will make every effort to contact me prior to any treatment should my pet require emergency services during the boarding period, however, I authorize the DAH staff and Doctor's to perform such treatment, as they deem necessary in the best interest of my pet. I further agree to be financially responsible for such treatment. **Owner's Initials** _____

I agree to indemnify and hold Deerfield Animal Hospital and its doctors and employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

OWNER/AGENT SIGNATURE: _____ **DATE:** _____



DEERFIELD • ANIMAL • HOSPITAL

Neelesh Narurkar, DVM Jennifer Halberg, DVM Anne M. Faseler, DVM
Jessica Cantu, DVM Karla Castillo, DVM

BOARDING ADMISSION MEDICATION SCHEDULE

Owners' name: _____ Pet's name: _____

Medications to be given:

(An additional charge of \$30 will be applied PER TRIP for administration of certain medications and Insulin injections given.)

Has this morning's medications were administered before arrival? YES OR NO (circle)

Has this evening's medications were administered before arrival? YES OR NO (circle)

Drug #1: _____ mgs
Qty: _____ tablets/mls/drops
Directions: _____

Drug #2: _____ mgs
Qty: _____ tablets/mls/drops
Directions: _____

Drug #3: _____ mgs
Qty: _____ tablets/mls/drops
Directions: _____

Drug #4: _____ mgs
Qty: _____ tablets/mls/drops
Directions: _____

Drug #5: _____ mgs
Qty: _____ tablets/mls/drops
Directions: _____

Drug #6: _____ mgs
Qty: _____ tablets/mls/drops
Directions: _____

OWNER/AGENT SIGNATURE: _____

DATE: _____