

Kulshan Boarder Admission Form - Dog

Client Name: _____ Phone/Acct #: _____ Pet Name: _____

Arrival Date: _____ Departure Date: _____

Can Pets Board Together? Yes No Not Applicable

Immunizations: Current DHLPPC, Kennel Cough & Rabies vaccinations are required for all dogs. If your pet has not been vaccinated at Kulshan Veterinary Hospital, **proof of vaccination is required** and if proof is unavailable, your pet is required to have vaccinations updated while here.

Diet: Premium diets are fed to all boarders unless we are otherwise instructed. Special diets **must** be supplied by the owner. If not provided, the canned or dry food given to your pet while here will be charged to your account.

I would like my pet fed the premium diet Kulshan Veterinary Hospital feeds their boarding pets

I would my pet fed the diet I provided I would like to purchase a special diet for my pet

Food provided (name of food): _____

Canned Amount: _____ Times per day: _____ Dry Amount: _____ Times per day: _____

My pet was last fed: _____

Medications I request my pet to be given:*

Medications: _____ Time(s) given: _____ Dose: _____

Medications: _____ Time(s) given: _____ Dose: _____

Medications: _____ Time(s) given: _____ Dose: _____

My pet was last medicated: _____

Requested Services: *

I would like Dr. _____ to see my pet. Reason for appointment: _____

I would like my pet to be groomed while boarding

(Please complete and attach the Grooming form so we have your details)

Consent for Medical Treatment:

Although Kulshan Veterinary Hospital provides the safest boarding environment possible, medical emergencies and/or unforeseen problems can arise. If you pet develops any problems, we will make every effort to contact you, or your emergency contact, immediately. In the event that we cannot reach a family member or friend, we would like your permission to provide essential care.

In the event that my pet develops any medical problem during its stay at Kulshan Veterinary Hospital, I authorize essential medical or surgical treatment up to \$ _____, until I can be reached. I will assume full financial responsibility for any medical treatment provided.

In case of an emergency, please contact me at: _____

If I cannot be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

This person **is authorized** to make medical decisions on my behalf for my pet

This person **is not authorized** to make medical decisions

If you are unable to pick up your pet, is there someone who is authorized to do so?: _____

Signature: _____ Date: _____ Phone: _____

*There are additional charges for these services. For details, please speak with the receptionists.