

Kulshan Boarder Admission Form

Client Name: _____

Account #: _____

Pet Name: _____

Arrival Date: _____

Departure Date: _____

Can Your Pets Board With Each other (if applicable)? Yes No Not Applicable

Immunizations: For the safety of your pet as well as others, current DHLPP, Kennel Cough & Rabies vaccinations are required for all dogs and FVRCP & Rabies are required for all Cats. 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.

Requested Services: *

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

Consent for Medical Treatment:

Although Kulshan Veterinary Hospital provides the safest boarding environment possible, medical emergencies and/or unforeseen problems can arise. If your 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 responsibility for any medical treatment provided.

It is not uncommon for pets to experience loose stool caused by stress during their boarding stay. We monitor these pets closely and can medicate on an as needed basis. There is a small fee for administration and the medication used. Can we treat your pet for stress diarrhea while staying here? _____

In case of 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 for my pet

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

Would you like to receive text message updates during your pet's stay with us? _____

Text Phone Number: _____

CSR

Medications I request my pet to be given: *

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

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

My pet was last medicated: _____

Tech

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 special 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 like my pet fed the diet I provide

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: _____

Kennel
staff

Signature: _____ Date: _____ Phone: _____