

Boarding Admission Form

Chart Number _____ Client Name _____ Patient Name _____

Weight _____ lb Breed _____ Color _____ Age _____ Sex _____

Admission Date/Time _____ Departure Date/Time _____ # Days Board _____

Emergency #(s) _____ Admitted by _____

- All pets boarding must be current on vaccinations. If not currently vaccinated at our clinic, written proof of vaccinations or verification with the pet's veterinarian must be provided before boarding the pet(s).
- If fleas or ticks are found on the pet during the stay, they will be treated as Tomball Animal Hospital (TAH) determines and the client will be charged accordingly.
- For an additional charge, we will bathe and/or groom your pet prior to discharge. These arrangements must be made at the time of admission.
- If the pet is to be picked up by someone other than the owner, arrangements must be made with TAH regarding the bill. Agent to pick up the pet: _____
- All reasonable precautions will be used to prevent injury and escape of the pet. TAH is not responsible for the actions of the pet that may cause injury and escape.
- All pets not picked up within 12 days after the expected date of pickup will be considered abandoned and will be disposed of accordingly to Texas state law.
- **REGARDING THE TREATMENT OF MY PET DURING ITS STAY** (*Please initial the appropriate statement.*):
 - _____ Treat my pet as needed. Do all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet.
 - _____ Do NOT do any testing/treatments/surgeries for my pet without my verbal approval. If I am unable to be reached within a reasonable period:
 - _____ DO NOT treat my pet as needed. I understand that if the veterinarian determines that my pet is undergoing needless pain and suffering due to the lack of medical care, my pet will be euthanized. I will be responsible for all charges accrued during that time period.
 - _____ DO treat my pet as necessary. Do all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

Signature: _____ Date: _____

Behavioral Problems _____

Health Problems _____

Special Instructions _____

Vacc _____ Exam _____ HW _____ Fecal _____ Blood _____ UA _____ Bath _____ Groom _____ NT _____ Anal Sacs _____ Dental _____ Surgery _____ Rads _____ Other _____
Rx _____ Food _____ Supplies _____

TAH Food _____ Own food _____ Brand _____ Dry amount _____ Can amount _____

Medications (1) _____ (2) _____

(3) _____ (4) _____

Personal belongings: Leash _____ Collar _____ Toys _____ Bedding _____ Crate _____

Coughing _____ Sneezing _____ Vomiting _____ Diarrhea _____ Other _____