

GoldenView Veterinary Hospital Boarding Admission Form

Date in: _____ - _____ - _____ Pick up date: _____ - _____ - _____

Owner's Name: _____ Phone contact while pet is here: _____ - _____ - _____

In case of an **emergency**, responsible party/agent (if different than above):

Name: _____ Phone number: _____ - _____ - _____

Pet Name: _____ **Description:** _____

(Please note that we have a separate form for any additional pets)

The following are required annually for boarding; please verify with staff if due:

Please check required items: Physical Exam: _____ Fecal Exam: _____ Bloodwork: _____

(Note: if this is your pet's first time boarding, additional items may be required)

Grooming or other services requested during stay (please check):

Trims: (check all trims requested): Beak _____ Wing _____ Nails _____

Avian showers/misting (every other day at no charge): _____ Bath: _____ (charges apply)

Other: _____

Current Diet (please be specific): _____

Any illness or injury in the last 30 days: _____

On any medication- what/when: _____

(There is an additional charge for daily medication administration.)

At "Camp GoldenView", every effort is made to socialize with your pet while they stay with us including, attention, verbalization, lunches out with our staff, exercise and games. Please let us know if your pet is accustomed to something at home and we will strive to maintain this continuity while he/she is here with us.

Other Comments: _____

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached. Should an **EMERGENCY** arise, I authorize the medical staff to sedate/anesthetize my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, for all charges for necessary services rendered to my pet. In the event of death of my pet, I understand that the staff will immediately attempt to contact me. If I am unreachable, I understand that the body will be held until I return to discuss body care and disposition.

I understand that the hospital is not responsible for loss or damage to personal items left with the pet including but not limited to cages, dishes, toys, and bedding.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to proceed as you deem best and/or necessary.

OWNER RELEASE (only one signature needed for ALL pets left in our care for each boarding stay)

Date: _____ Owner/Agent: _____

*Please do not hesitate to contact us at any time to check how your pet is doing at "Camp GoldenView".
Thank you and we look forward to seeing you again.*