



Chelmsford Animal Hospital

11 Fletcher Street
Chelmsford, MA 01824

978-256-6011

ChelmsfordAnimalHospital.com

Name: _____

Date of Admit: _____

Pets Name: _____ Breed: _____ Age: _____

VACCINATIONS:

Your pet **must** be current on vaccinations **prior** to admit for boarding. We will contact you if any services are needed prior to admit.

Requirements for Dogs: Rabies, DHPP (distemper, hepatitis, parvovirus and parainfluenza), Bordetella (kennel cough), 4DX blood test, and be free of internal/external parasites. (fecal parasite screen)

Requirements for Cats: Rabies, Distemper (FVRCP) and be free of internal/external parasites. (fecal parasite screen)

FOOD/FEEDING:

What brand of food does your pet currently eat? _____

Feeding instructions (amount and times): _____

Has your pet been fed today? _____ When? _____

Are you aware of any food your pet is allergic to? _____ If yes, what? _____

Please note, there is a fee for any prescription diet food taken from hospital inventory.

MEDICATIONS:

Please list any and all medications your pet is currently taking. **Please specify directions/dose/times below**

1. _____

2. _____

3. _____

Did your pet get any medications today? _____ If so, when?: _____

Are you aware of any medications your pet is allergic to? _____ If yes, what? _____

GENERAL HEALTH QUESTIONS:

Any coughing, sneezing, vomiting, diarrhea? _____

Any illness, injury or concerns you would like addressed while your pet is boarding with us?

OPTIONAL SERVICES: *Please contact us for pricing*

Bath ____ Yes ____ No **Nail trim** ____ Yes ____ No **Anal Glands** ____ Yes ____ No

(Complimentary bath for dogs here 5 nights or longer)

*Would you like your pet to participate in our 1 on 1 playtime? ____ Yes ____ No

•20 minutes per dog

Boarding can sometimes be stressful on your pet(s). We sell a Dog Appeasing Pheromone (D.A.P) collar for your dog to wear to help ease stress while he/she is boarding. If you are interested you may purchase a collar. (Dogs only)

____ Yes ____ No Price based on size.

If your pet is exhibiting extreme anxiety (including excessive panting, drooling, uncontrolled barking, pacing, etc.) our veterinarians will use Composure to help alleviate these symptoms. Composure is an all natural calming supplement to help alleviate stress. The cost to you will be \$3.00 per day of boarding. ____ Yes ____ No

STRESS DIARRHEA/MILD GASTROINTESTINAL UPSET

It is quite possible your pet may develop GI upset while boarding due to stress, change in diet, etc. If your pet develops these symptoms we will treat him or her with medication and diet change as needed. The charge for this treatment is typically less than \$25.00. As this can be a common occurrence, we normally inform you of this at pick up, however if you would like to be contacted prior to administering any medication, please check below.

Please contact me ____ Yes

*No matter what time of day your pet is dropped off, you will be charged for a full day. If you are picking up after 12:00p.m., you will be charged for a full day. If you pickup before 12:00p.m, you will not be charged for that day.

PICKUP TIMES:

Monday-Thursday between 9am-7pm

Friday between 9am-5pm

Saturday and Sunday between 9am-12pm

*(No holiday pickups)

Pickup Date: _____ **Time:** _____

PERSONAL BELONGINGS: *(please be specific)*

OWNER RELEASE

I understand you cannot guarantee the health of my pet, and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to, weight loss, hair loss, nausea vomiting, and stress diarrhea. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense.

If vaccinations were performed elsewhere, I will provide proof of vaccines and lab work that were done along with the results, as well as written documentation of the Rabies vaccination administered by a licensed veterinarian.

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 I or my agent can be reached.

Should an EMERGENCY arise, I authorize the medical staff to sedate 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, all charges for necessary services rendered for and to my pet.

I understand the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precaution are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

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.

Name: _____ **Date:** _____

Name & Phone Number (and relation to owner) of Responsible Party to be reached in an Emergency:
