BELLE MEAD ANIMAL HOSPTIAL

**MEDICAL / BOARDING RELEASE**

**NOTIFICATION/AUTHORIZATION:** For the safety of all pets and to prevent the spread of infectious diseases and parasites, all boarding dogs will be required to be current with bordetella and flu vaccines. All pets must also be current on monthly flea and tick preventatives. For boarding cats, Revolution will be used. For all boarding dogs, Simparica or Credelio will be used. If the owner is actively purchasing preventatives through BMAH and can provide the date of administration, we will honor that information. There will be an additional charge for whatever preventatives BMAH needs to use.

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop Off Date - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick Up Date - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM 🖵 PM 🖵

Pet on flea and tick preventative? Yes 🖵 No 🖵 If yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet on heartworm preventative? Yes 🖵 No 🖵 If yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Additional Procedures:*** |

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| FEEDING: Dry Can Dry/Can MixAmount to Feed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you bring your own food? Yes 🖵 No 🖵Did your pet eat today? Yes 🖵 No 🖵Times to Feed: AM Only PM Only AM/PM |

 ***Please list any medication(s) that your pet is currently taking:***

|  |  |  |
| --- | --- | --- |
| Name of Medication(s) | When Do You Give The Medication(s) | When Last Given? |
| 1. | AM 🖵 PM 🖵 |  |
| 2. | AM 🖵 PM 🖵 |  |
| 3. | AM 🖵 PM 🖵 |  |
| 4. | AM 🖵 PM 🖵 |  |
| 5. | AM 🖵 PM 🖵 |  |
| 6. | AM 🖵 PM 🖵 |  |

1. If a tranquilizer is necessary for treatment or handling, Belle Mead Animal Hospital has my permission to administer such medication(s). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please Initial)*
2. Belle Mead Animal Hospital has my permission to take the necessary measure should an emergency arise up to $ \_\_\_\_\_\_\_\_\_\_.
3. **I understand that Belle Mead Animal Hospital is not a 24 hour facility and that my pet will be left unattended overnight. If anything occurs during this time Belle Mead Animal Hospital will not be held responsible. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please Initial)***
4. I authorize Belle Mead Animal Hospital to provide any vaccines and/or parasite control as needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please initial)*
5. In Case of an unexpected Cardiopulmonary Arrest while Boarding, Hospitalized, or Anesthetized -

  Immediately Begin CPR and contact owner DNR- Do Not Resuscitate

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 ***I HAVE READ THE BOARDING REQUIREMENTS AND UNDERSTAND THAT THIS AGREEMENT IS IN FORCE INDEFINITELY UNLESS I NOTIFY THE HOPSITAL IN WRITING TO THE CONTRARY***

 Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL PROFESSIONAL FEES MUST BE PAID WHEN SERVICES ARE RENDERED