



Adair County Animal Hospital & Laser Surgery Center

Boarding Admit Form



Client ID: _____ **Client Name:** _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
Primary Phone #: _____ **CELL / HOME** (CIRCLE ONE)
Pet's Name: _____ **Species:** Dog / Cat / Other _____
My pet is a: Spayed Female / Female / Neutered Male / Male

☐ Feed Facility's Food (included) ☐ Feed the pet food I brought. **Feeding instructions:** _____

- *Medications to be given? YES / NO _____
- *Extra 15 minutes of playtime: ☐ HUMAN INTERACTION 1x 2x 3x 4x DAILY / PER STAY
☐ ALONE PLAYTIME 1x 2x 3x 4x DAILY / PER STAY
- Description of items left with my pet: _____
- Other services requested during board: _____

In the event of an emergency or illness during your pet's stay, we would like to know what treatment you would want for your pet. Rest assured, that advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a low rate of complications.

Please choose an option below.

☐ **Code 1** - Do nothing and let nature take its course. Call before any exams or treatments are done.

☐ **Code 2** - Attempt CPR and give medications. (Includes examinations, fecals, & reasonable testing.)

☐ **Code 3** - Do everything possible, including internal heart massage. Please keep in mind this is an extreme measure with little success and long-term hospitalization/recovery.

- I give my permission to have services performed by Adair County Animal Hospital. I also agree to pay a deposit when required and assume financial responsibility for the remaining balance of fees, and provide payment via cash, check, credit/debit card, Care Credit, or ScratchPay at the time my pet is picked up from the animal hospital.
- I understand that my pet will be administered a Capstar pill (24hr flea control) which is required and given upon admittance to the hospital regardless of any other flea control product used at home. This ensures ACAH & LSC remains a flea-free facility. In order to board, I also understand that my pet is required have specific and current vaccinations and or test(s) results and I may present proof of administration by another licensed veterinarian or have them given during my pet's stay accompanied by a veterinarian examination. *I have requested these additional services which I understand incur minimal charges per day per frequency.
- I give Adair County Animal Hospital permission to use my pets photo on social media and promotional advertisements. ☐ **YES**, feel free. ☐ **NO**, please do not photograph my pet.

Communication during my pet's board: CALL or TEXT **Phone #:** _____

Client Signature: _____

Today's Date: _____

Tech or CSR Initials: _____