



Good Hope Animal Hospital Boarding Information Sheet



**** Please Complete & Return at Time of Admission ****

Pet's Name: _____ Dog / Cat Breed: _____

Owner's Name: _____

Phone Numbers: _____

Emergency Contact Name: _____ Emergency Contact # _____

Others authorized to pick up in your absence: _____

General Pet Health Questions:

1. Has your pet been diagnosed with any medical conditions, or disorders? Yes / No
If yes, please list: _____
2. Does your pet have any allergies or sensitivities to anything? Yes / No
If yes, please list: _____
3. To the best of your knowledge, does your pet have any food, treat, or toy aggression with people or other animals?
Yes / No
If yes, please describe: _____
4. Does your pet have any special needs? Yes / No
If yes, please describe: _____
5. Is your pet prone to any recurrent problems? Yes / No
If yes, please list: _____

We appreciate that you have entrusted us with the care of your companion during your absence. To ensure the safest environment for all guests and patients staying at our facility we have set the following guidelines:

1. We are only able to accept Canine and Feline guests for boarding.
2. All boarding guests must have been seen at our hospital for an exam within 12 months.
3. All guests over the age of 6 months must be spayed or neutered.
4. Dogs must be current on vaccinations for Rabies, Distemper, & Bordetella (Bordetella given at least 1 week prior to boarding)
5. Cats must be current on vaccinations for Rabies & Distemper.
6. All guests must have had a negative fecal test done within 6 months (for dogs) or 12 months (for cats) of being boarded.
7. All guests must be free of fleas and flea dirt, or we will treat accordingly at the owner's expense upon admission.

Dietary Requirements:

****Changing an animal's diet suddenly can lead to stomach upset and other GI issues, which is why we ask that you bring your pet's own food so that we can help reduce those risks. Please make sure that you bring enough food for the duration of your pet's stay with us plus a few extra days worth (to be safe). Also, please only bring food and treats that your pet is already familiar with rather than introducing any new or "special" foods.**

Name of Diet: _____ Dry / Canned / Both
(Circle)

Quantity: _____ Frequency: _____

Special Feeding Instructions: _____

Belongings Brought with Pet: Please label ALL items.

*We will supply size appropriate blankets and beds for your companion. Due to the tendency for animals to destroy blankets while in an enclosed space we ask that you leave the bedding to us. You may however bring along 2 toys for your pet to enjoy while they are staying with us. Please choose carefully – as GHAH is not responsible for any items destroyed or lost while in our care.

Items brought (please list descriptions): _____ Treats: _____
Leash: _____ Collar: _____
Toys: (description) _____
Carrier: _____
Other (please describe in detail): _____

Permission to supply a blanket: Yes No (If no, please explain _____)

Additional Services: (Please circle all that you would like performed)

Pedicure Bath (includes a pedicure) Extended 1 on 1 / Play Times (# _____)

Alerts/Special Requirements:

Medications

Name of Medication: _____ Dose: _____
How often do you give the medication? _____ Time of Day _____
Was it administered on day of admitting? _____ If yes, what time was it admitted? _____

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Play Yard (Canine Only)

GHAH has a spacious grassy yard for our canine guests to enjoy that is enclosed with a 6 foot high wooden privacy fence. With our proximity to the busy Carlisle Pike, our hospital policy is to walk and accompany all dogs in the yard on a leash. We have extended retractable leashes to allow your pet plenty of room to run and exercise outside while still being securely on a leash. Under some circumstances, and per the pet owners request, we may be able to allow your pet “off leash” access to our yard. Please understand that “off leash” access to our yard will still be under the strict supervision of one of our staff members at all times, and is permitted at our discretion for the safety and wellbeing of our guests.

Please **initial** your preference below:

_____ I would like my dog walked on a leash at all times.

_____ I would like my dog to have attended “off leash” access to the yard. I understand that by choosing this option there are inherent risks (however small) due to the proximity to the Carlisle Pike. I also ensure, to the best of my knowledge, my pet does not dig under nor climb or jump over fences.



Good Hope Animal Hospital Boarding Authorization Form



Owner's Name: _____ Pet's Name: _____

Check-In Date: _____ Discharge Date: _____

I, the undersigned owner or designated agent, of the above listed pet hereby authorize Good Hope Animal Hospital (hereinafter "GHAH") to board my pet during the dates listed above. I also hereby authorize GHAH to perform the services indicated on the accompanying Boarding Information Sheet (BIS) while my pet is boarding.

Vaccinations & Parasite Control

All animals entering the hospital must be current on core vaccinations as well as had a negative fecal test as outlined on the accompanying BIS. All animals must also be free of external parasites or they will be treated at the owner's expense.

(Initial here) I understand and accept that upon admission, each guest will be flea combed and evaluated for fleas or flea dirt. If fleas or flea dirt are found, my pet will be treated with Capstar and NexGard (for dogs) or Capstar and Frontline Plus (for cats) at my expense.

(Initial here) I understand that my pet must be current and up to date with the core vaccinations as outlined on the BIS, and authorize GHAH to administer any required vaccinations to my pet if necessary during the duration of their stay. I also understand that this service may result in an exam being necessary, and I agree to accept full financial responsibility for any additional charges for necessary vaccinations and services. I also understand that if my canine companion has been vaccinated for Bordetella less than 1 week prior to boarding, but I elect to board him/her anyway, that I will not hold GHAH responsible if he/she develops Bordetellosis (kennel cough).

(Initial here) The only exception to this requirement regarding my pet being fully vaccinated will be if my pet has a specific medical condition that would prevent them from safely being vaccinated, in which case it will have been pre-approved by the doctors at GHAH to accept my companion knowing this in advance. Understanding the risks involved with boarding an unvaccinated animal, I willfully declare and agree to release GHAH of any and all liability and responsibility should my pet contract a condition that could have been prevented with a vaccination, as I made the decision to board my companion with GHAH knowing they accommodate other animals in the same area as my unvaccinated pet will be housed in.

(Initial here) While GHAH is requiring all boarded animals to take the same precautions to minimize the risk of cross contamination and the spreading of contagions while they are being boarded, I understand that this possibility and risk are always going to be present, and I assume responsibility for choosing to board my animal at GHAH, thus releasing GHAH of liability should my pet become sick or ill while in their care.

Medical Treatment Permission & Authorization

(Initial here) I authorize the veterinarians to perform any necessary services should an **emergency situation** arise, to include sedation as required in order to stabilize my pet until I (or my emergency contact) can be reached.

(Initial here) I understand that the medical staff of GHAH will attempt to contact me to authorize treatment of incidental ailments such as ear infections, which may occur during my companion's stay. I am aware that additional charges including doctor exam fee and medications will apply.

(Initial here) GHAAH understands that many animals develop stress induced diarrhea while they are being boarded and are away from home. It is because of this that GHAAH offers a safe and effective non-prescription treatment that will help clear up minor cases of diarrhea without the use of prescription medications. By initialing on this line, I am giving GHAAH my consent to treat my companion with their veterinarian approved method of treatment in order to correct this condition in my animal should he/she develop diarrhea, and my authorization to apply the charge for the medication to my pets boarding bill. I also understand that should my companion have a more extensive case of diarrhea that needs additional treatment or prescription medications, that additional services and fees will apply.

(Initial here) In the event that my companion needs medical treatment during their boarding stay, and I cannot be reached via phone for authorization within a reasonable timeframe (dependant on the circumstance) – not to exceed 4 hours – I give consent and authorization for the emergency contact (listed on the BIS) to make medical/treatment decisions on my behalf in my absence for my companion. I also agree to assume all financial responsibilities for my pet’s medical treatment and authorize GHAAH to administer treatment up to the amount of \$ _____ as the veterinarian deems necessary without the need to obtain any further verbal consent directly from me.

General Boarding Authorization

(Initial here) While GHAAH will do their best to take care of my pets personal belonging (such as toys), I understand that these items may become lost, damaged, or destroyed during my pets stay, and it is with that understanding that I agree and accept that GHAAH is not responsible for mishaps with or the loss of personal items.

(Initial here) I also understand and acknowledge that the Hospital is not staffed 24 hours a day.

(Initial here) I accept full financial responsibility for the boarding fees for my pet as well as any charges for services or treatments as outlined and selected on the Boarding Information Sheet as well as any medical treatments needed by my pet. I also understand that payment in full is expected at the time of discharge when I come to pick-up my pet.

(Initial here) If I do not pick up my pet within five (5) days of the scheduled pick-up date, GHAAH will assume the animal is abandoned. If the animal is abandoned, GHAAH is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

Signature

Date