Kennel Cage Card

Client:_____

In Date: _____ **Out Date:** _____

Patient:_____ **Breed:** _____ **Color:**_____

Age: _____ **Sex:**_____ **Allergy:**_____ **Weight:**_____

NOTES:

(STICKER ONLY)

BATH	NAIL TRIM	FLEAS?	TO SEE VET	LEASH	COLLAR/HARNESS

BELONGINGS:

Bag:_____ **Bed:**_____

Blanket:_____ **Toy:**_____

Our Food:_____ **Own Food:**_____

Amount:_____

MED#1	MED#2	MED#3
INSTRUCTIONS	**INSTRUCTIONS**	**INSTRUCTIONS**

Date	Time Fed AM_____ Noon_____ PM_____	Eating Habits	Wellness Check	Time Given		Time Given		Time Given	
	AM/NOON/PM		AM/PM	AM/NOON/PM	#	AM/NOON/PM	#	AM/NOON/PM	#
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Golden Isles Animal Hospital

Admission Form

Acct No:_____ Owner:_____

E-mail address: _____

Address:_____

Patient:_____Species:_____ Breed: _____

Sex:_____ Age:_____ Color:_____ Weight:_____

IN DATE:_____ OUT DATE:_____

PICK UP AUTHORIZATION/EMERGENCY CONTACT:

_____Can be reached at (_____)-_____

_____Can be reached at (_____)-_____

Items Left: ☐Leash ☐Collar ☐Carrier ☐Other_____

_____

What is the reason for your visit today? (Please provide as many details as possible)_____

_____

_____

_____

I Authorize Golden Isles Animal Hospital to examine my pet and/or provide the following:

☐EXAMINATION	☐HEARTWORM TEST	☐ULTRASOUND
☐DA2PP DISTEMPER-PARVO	☐INTESTINAL PARASITE TEST	☐SEDATION
☐RABIES	☐FELINE LEUKEMIA/AIDS TEST	☐HOSPITALIZATION
☐BORDETELLA	☐WELLNESS BLOODWORK	☐CATHETER AND FLUIDS
☐LEPTOSPORSIS	☐EAR CYTOLOGY	☐PAIN MEDICATION
☐FELINE PUREVAX RABIES	☐URINALYSIS	☐NAIL TRIM
☐FELINE DISTEMPER FCVRP	☐FINE NEEDLE ASPIRATION	☐EXPRESS ANAL GLANDS
☐FELINE LEUKEMIA FeLV	☐RADIOGRAPHS	☐BATH
☐FULL GROOM	☐:BOARDING	☐:_____
☐:_____	☐:_____	☐:_____

What do you feed your pet, how much and how often?_____

_____

FREE FEED? ☐YES ☐NO **OWNER PROVIDED FOOD ☐** **OUR FOOD ☐**

Heartworm Prevention: *Unknown* *Trifexis* *Sentinel* *Heartgard* *Revolution*

Flea/Tick Prevention: *Unknown* *NexGard* *Bravecto* *Comfortis* *Seresto Collar*

Other:_____

Please indicate all medications/supplements you give to your pet.

Medication 1:_____

Frequency/Time/Dosage:_____

Medication 2:_____

Frequency/Time/Dosage:_____

Medication 3:_____

Frequency/Time/Dosage:_____

Have you noted any symptoms? (Please note duration, frequency, and other details)

☐Coughing	
☐Sneezing	
☐Diarrhea	
☐Vomiting	
☐Changes in Urination	
☐Changes in Eating	
☐Changes in Drinking	
☐Changes in Activity	
☐Other Concerns	

I acknowledge that changes in my pet's condition or discovery of other findings during treatment may necessitate a change in or an extension of the original estimate and if this occurs, a staff member will attempt to contact me to update this figure. In the event I cannot be reached, this veterinary practice has permission to proceed with medical care for a) a life-threatening condition or b) additional services that will preserve or enhance my pet's health or c) minimize the need for and risks of additional and costly services at a later date. I agree to pay the balance of the above estimated fees at the time of my pet's discharge.

In order to protect the health of your pet, this facility requires documentation showing that all dogs have current Rabies, DA2PP, and *Bordetella* vaccines, and cats have current Rabies and FVRCP vaccines. If any of your pets' vaccinations are past due, they must be inoculated ***before*** grooming. Vaccines that are administered at this facility or by a licensed veterinarian working with this facility will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

Diet

We have a variety of foods available for purchase to meet the nutritional needs of your pet, and will be happy to feed your pet one of our nutritionally complete foods during their stay. We will also be happy to feed your pet's own food. Feeding instructions and adequate amounts of food for your pet's stay should be provided by you the owner or your agent. Science Diet Sensitive Stomach DRY kibble is free of charge, and is included in your boarding fee.

Medications

If your pet will be receiving medication during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian's phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

Statement of Kennel Policy

1. A full day's board is charged for the first and last days, no matter what time your pet is admitted or released.
2. Pets must be picked up during working hours unless other arrangements have been made. The Boarding Facility follows the same hours of operation as the Animal Hospital. Discharges after hours while the office is closed : ONLY Saturday and Sunday between 4:00pm – 4:30pm. Pre-payment at admission is required for weekend discharge.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. All patients must be free of fleas and external parasites. Each patient will be checked for fleas with a flea comb on the day of their admission. If fleas are found, the patient will be treated for fleas at the owner's expense. The owner will be called and notified if flea treatment is required.
5. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, and diarrhea.
6. During business hours, the medical staff and veterinarians at Golden Isles Animal Hospital will be able to attend to the medical needs of boarding clients should they arise. However, after hours and on weekends access to a veterinarian may be limited and is not guaranteed. Should my pet identified on this record become ill, I request that the attending veterinarian provide appropriate responsible medical/surgical treatment it deems necessary. However, should circumstances dictate that a veterinarian is not available for on-site attendance; referral to the Brunswick PetER may be required. I acknowledge that in the event of my pet's illness, the staff at Golden Isles Animal Hospital will attempt to contact me; nonetheless, if I cannot be reached Golden Isles Animal Hospital has permission to proceed with medical care. Should you have questions, please contact us and we will put you in touch with our Office Manager to discuss details. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

INITIALS: _____

I have read the above and I am in full agreement.

Boarding indoor/outdoor run: $26.00 per night
Boarding in kennel : $19.00 per night. Must be under 20#.

Please contact me after authorized services: ☐Yes ☐No

If I cannot be reached:

☐ **I authorize testing and/or treatments up to a total of $_____**

☐ **Do not perform further services until I can be reached.**

This document serves as confirmation of receipt of an estimate for the medical care plan that will be carried out for and on my pet. My signature below signifies that I understand and accept responsibility for the payment of these estimated fees as they are performed by this facility. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

_____ _____

Signature Owner or Authorized Agent Date