Hornsby Heights Vet Hospital – Boarding Admission Form

| Thank you for choos | ing to board your p | et with us. Plea | se complete | the following for | n for each pet. |
|---|---|-------------------------------------|-------------------------------|--|---|
| Boarding Details: | | | | | |
| Boarding from/_ | _/ to//_ | Total No. of | f Nights: | Approx. F | Pickup Time: |
| Fee Per Night: | Total: | Amount Paid: | | Amount Owing: | |
| Owners Details: | | | | | |
| Name: | | Ph | : H) | M) | W) |
| Address: | | | | | |
| Email: | | | | | |
| Animals Details: | | | | | |
| Pets Name: | | | Cat / Dog | Male / Female | Desexed: Yes / No |
| Breed: | Colour: | | Age: | M/C: | |
| hospital.Don't forget toIf your pet is of | o bring along your due for any preven hat if your pet arriv | pets most recen tative treatment | t vaccination s during our | n certificate for st stay, we are hap | ts to be able to board at our aff to sight. py to administer these for you. ian) they will be treated at the |
| Are your pet's vacc | inations current? | Yes / No Dat | e Due: | Vaccina | ition Type: |
| When was the last | | | | | |
| Intestinal Worms: _ | Heartw | orm: | _ Fleas: | Tick | S: |
| Medical History: | | | | | |
| Please disclose any | medical history for | your pet below. | This allows | us to monitor yo | ur pet and manage their |
| condition (eg renal/u | rinary disease, dia | betes, heart dise | ease, thyroid | l, arthritis, ear inf | ections as well as previous |
| injuries such as cruc | iate ligament ruptu | re) | | | |
| Medications require | ed & dosages | | | | |
| Animal History: | | | | | |
| Has this animal eve | er been declared a | a nuisance or d | angerous b | v anv authoritie | s? Yes/No |
| Has this animal eve | | | - | | Yes / No |
| | | | | - | |
| - | | | | | know, eg storm phobias, do |
| - | - | | | | |
| Diet: | | | | | |
| Does your pet requ | ire a special diet? | Yes / No | Diet supplie | ed by Owner? Y | es / No |
| If yes, please detail | : | | | | |
| | | | | | |
| Personal Items: | | | | | |
| Please list and desc | cribe items broug | ht in with your | pet (eg lead | l, bed, toys) | |
| | | | | | |

Emergency Contact Details:

Please leave the contact details for someone we can contact on your behalf while you are away should we be unsuccessful in contacting you directly regarding your pets care.

| Emergency C | Family / Friend | | | |
|---------------|-----------------|----|--------|--|
| Ph: H) | M) | W) | Other: | |
| Any other Inf | formation: | | | |

Declaration:

I being the Owner / Guardian of the abovementioned animal, understand that by completing and signing this form that:

- If I have not contacted Hornsby Heights Vet Hospital for to arrange collection of the animal within 7 days of the final date, the animal will become property of Hornsby Heights Vet Hospital
- Whilst Hornsby Heights Vet Hospital will take all possible care of this animal during the boarding period, Hornsby Heights Vet Hospital is not responsible for any illness or death which may occur during that time and I am prepared to pay any costs incurred during this period
- Whilst Hornsby Heights Vet Hospital will take all possible care of this animal's personal items provided for the animals stay, Hornsby Heights Vet Hospital is not responsible for any damage to any such items. If Hornsby Heights Vet Hospital needs to provide replacement items, I am prepared to pay any costs incurred
- If Hornsby Heights Vet Hospital needs to medicate this animal with necessary veterinary treatments such as worming or flea control or purchase any special diet requirements, I am prepared to pay any costs incurred
- The information I have provided about my animal is correct to the best of my knowledge

I have read and understood the above,

| Dwner / Guardian Name and Signature: | |
|---|--|
| Dwner / Guardian Name and Signature: | |

Witness Name and Signature: _____

Date: _____

| Office Use Only | | | | |
|---|----------------|--|--|--|
| Admitted By: | Date: | | | |
| Checked Vaccination Certificate? | | | | |
| Checked for fleas? | Capstar given? | | | |
| All belongings provided as listed by owner? | | | | |
| Weight on admission: | | | | |
| Condition Score (Vet to score) | | | | |
| Other Notes: | | | | |