

# HARLEYSVILLE VETERINARY HOSPITAL

## MEDICAL BOARDING FORM

Pet's Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Boarding Dates: \_\_\_\_\_ to \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** - (an individual who is able to make medical decisions if we are unable to contact you)

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation: \_\_\_\_\_

\*All animals boarding should be up to date on their Rabies vaccine: unless specific Doctor approval due to medical conditions\*

**Medical Condition/s or Behavioral Problems:**

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Patients who show signs of anxiety or stress that may be harmful to themselves or others may be subject to the administration of anti-anxiety medications at the discretion of the Doctors.  
(could also add: This is to create the safest and most comfortable environment for your pet during their stay with us.)

**FEEDING INFORMATION -**

Brand/Type (Ex. Blue Buffalo Dry)	Quantity (Ex. 1 cup)	Frequency (Ex. twice daily)

**Any food Allergies: (circle) YES or NO. If yes, please explain**

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**PERSONAL ITEMS LEFT WITH PET:**

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All personal belongings are subject to be washed, as needed, using bleach products. We are not responsible for any damaged or lost belongings.

# HARLEYSVILLE VETERINARY HOSPITAL

## MEDICAL BOARDING FORM

**MEDICATION INFORMATION** - Please list any medications your pet is **CURRENTLY** taking.

Name & Strength (Ex. Rimadyl 100mg)	Quantity (Ex. 1 tab)	Frequency (Ex. twice daily)	Date/Time LAST given (Ex. 12/1 at 8 am)	Date/Time NEXT due (Ex. 12/1 at 8 pm)

\*Twice daily medications will be administered approximately at 8 am and 6 pm - unless medications are time sensitive - if so, please indicate

**Please ensure all medications are brought in the original bottle in which they were prescribed. This will ensure the proper medication and dosage are administered to the patient while in the hospital.**

**\*\*Diabetic patients** are subject to glucose testing at the discretion of the Doctor

### SPECIAL INSTRUCTIONS:

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I, the undersigned owner or authorized agent of the owner, give consent to the examination of this pet by staff veterinarians at this veterinary practice if needed. If an emergency arises, I understand that every reasonable effort will be made to contact me as soon as possible. I understand that every moment is critical in such an emergency; thus, I give Harleystville Veterinary Hospital authorization to proceed as follows (select one):

(Owner's initials) \_\_\_\_\_ Harleystville Veterinary Hospital staff has my permission to provide emergency resuscitation, and I agree to pay for such care (\$50-\$200).

(Owner's initials) \_\_\_\_\_ Harleystville Veterinary Hospital staff **does NOT** have my permission to provide emergency resuscitation.

I agree to indemnify and hold Harleystville Veterinary Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

I understand that full payment for services performed is expected at the time of pick-up. I will render payment in the form of:

\_\_\_ Cash \_\_\_ Check \_\_\_ Debit Card \_\_\_ Master Card \_\_\_ Visa \_\_\_ Discover \_\_\_ CareCredit

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date