

Higgins Animal Clinic Boarding Admission Form

Drop off date: _____

Pick up date: _____

Kennel size: SM MED LG RN

In case of an emergency contact:

Name: _____

Phone: _____

Weight: _____

Carrier: _____

Apply Frontline/Other Here? If YES DATE & Initials: _____ If NO Date Applied at home: _____

Canine Vaccines: **RV, DA2PP, K-9 COUGH, LEPTO, LYME, OTHER:** _____

Feline vaccines: **RV, FVRCP, FELK, OTHER:** _____

Exotic: _____ Special Needs Or Vaccs: _____

Preventative Needs/Services: Fecal Test, HWT, Nail Trim, Ear Cleaning, Bath: Y/N

Appointment with Dr. _____ Appt. Date/Time: _____

Surgery: Spay/Neuter; Dental/Other - Date & Time W/Dr. _____

Medical Condition/Notes: _____

Science Diet or Own Food? Dry Amt: _____ Canned Food Amt: _____

Special Diet or Allergies: _____

Toys, Bedding or Treats: _____

If a tranquilizer is necessary for treatment or handling of my pet, I give my permission to Higgins/Roscoe View Animal Hospital to administer such treatment and medications. All animals entering the hospital must be up to date on vaccinations; all canines must have a kennel cough vaccine within the past 6 months. All pets should be free of external/internal parasites or they will be treated upon entry at the owners expense. I also give my permission to Higgins/Roscoe View Animal Hospital to do whatever is necessary if an emergency situation should arise. Payment is required when an animal(s) is released. Animals are released during regular business hours. If I neglect to pick up my pet within 5 days of the date agreed you may assume that the pet is abandoned and you are hereby authorized to dispose of my pet.

Signature of Owner/Agent: _____ Date: _____

Admit CSR Initials/Date: _____

Discharge Technician initials: _____ Discharge CSR Initials/Date: _____

