



# Tomoka Pines Veterinary Hospital

750 S Nova Rd. Ormond Beach FL 32174

386-672-3137



## BOARDING ADMISSION FORM

OWNER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_

Would you like your pets kenneled together?  YES  NO

♦ We are happy to provide your pet with bowls, bedding, food & treats, therefore it is not necessary for you to bring these items. **In order to keep the kennels sanitary, all bowls, bedding & toys are washed daily.**

♦ If you choose to bring personal items for your pet, we will **not be held responsible** if they are lost or damaged.

ITEMS BROUGHT:  
Please list on back of form any personal items brought for pet(s).

FEEDING: OWN FOOD?  Yes  No  
When/How much would you like your pet(s) fed? AM \_\_\_\_\_ PM \_\_\_\_\_

MEDICATIONS:	Given at:	AM	PM

### HEALTH & SAFETY REQUIREMENTS:

All animals must be **current on vaccines** (Rabies, DH(L)PP or FRCPP & Bordetella required) & parasite free. All dogs must have had a negative fecal check within 3 months. Any pet not fully vaccinated or found to have fleas, ticks or intestinal parasites **will be treated** upon admission at an **additional charge** to the owner.

Vaccines current?  Yes  No If no, what vaccines needed: \_\_\_\_\_

Fecal Check within 3 months?  Yes  No Fecal Check Needed?  Yes  No

♦ If my pet(s) should become ill during its stay, I authorize the Doctors & Staff at **Tomoka Pines Veterinary Hospital** to perform any diagnostic tests, medical treatments, and/or surgical procedures which they deem necessary for the well being of my pet(s).

♦ I understand that **Tomoka Pines Veterinary Hospital** will make every attempt to contact me, or the person I have designated in *Case of Emergency*, however if no one can be reached, treatment will be started at the Veterinarian's discretion.

♦ I agree to accept financial responsibility for the cost of these tests, treatments, etc. & any medications prescribed and understand that payment is due at the time the animal is released.

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_ Pick Up Time (approx.): \_\_\_\_\_

Dogs staying 7 days or longer receive a complimentary bath (includes ear cleaning & pedicure). Not staying that long?

We will be happy to bathe your pet(s) for an additional fee. **BATH?**  Yes  No

I am the Owner of the above described animal(s). I have read this agreement and consent to all the stipulations of boarding my pet(s) at Tomoka Pines Veterinary Hospital.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_