

**ANIMAL HEALTH CARE ASSOCIATES, Ltd.**

**Patient Check-in Form**

Welcome to our hospital. For us to better serve you and your pet, please verify all following information, and correct as necessary.

**CLIENT:**

Name:  
Spouse:  
Address:  
Street Address:  
City, St, Zip:  
Home phone:  
Cell Phone:  
E-mail:

**PATIENT:**

Name:  
Date of Birth:  
Breed:  
Color:  
Sex:  
Weight:

**Date Admitted:**

**Date Going Home:**

**Proof of Vaccinations Required: No animal will be admitted for Boarding with out proof of Vaccinations. ie: Rabies, Bordetella (Kennel Cough) and Distemper Vaccines.**

If Vaccinations are not up to date they will be administered following admission.

Animal Health Care Associates and its representatives shall not be held responsible for the condition or return of any blankets, leashes, bowls, toys, treats, etc. left with the pet.

**Note:** I understand that 24 hour direct or indirect supervision of animals is **not** ordinarily provided at this hospital or kennel.

**Be Advised** that when ill or older pets are placed under a great stress, because of removal from their normal home environment, this stress can cause latent (dormant) physical conditions (such as heart, liver, and kidney disorders) to become active. This can result in illness or death of your pet.

One of the advantages of boarding at this facility is that veterinary attention is readily available should the need arise. If your pet should require medical attention we will attempt to contact you or your representative at the emergency number(s) listed below. If no one can be reached we will administer care in accordance with your specifications.

**Please choose from the following:**

\_\_\_\_\_ Please perform whatever services the doctor(s) deem necessary for the health of my pet until I (or my representative can be reached)

\_\_\_\_\_ I authorize services up to (circle one) \$100.00 \$200.00 \$300.00 \$500.00

\_\_\_\_\_ **Do Not** administer any medical treatment until specific authorization is given.

The undersigned has read and understands the above, and as the owner or agent for the pet(s) listed agrees **not** to hold this boarding facility responsible for the illness or death of their pet(s) or for any expenses incurred because of the illness or death of their pet(s).

Signed: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Please

note any additional services required during stay on the next page.....

**ANIMAL HEALTH CARE ASSOCIATES, Ltd.**

**Additional Instructions For:**

**CLIENT:**  
Name:  
Spouse:  
Address:  
Street Address:  
City, St, Zip:  
Home phone:  
Cell Phone:  
E-mail:

**PATIENT:**  
Name:  
Date of Birth:  
Breed:  
Color:  
Sex:  
Weight:

1) Did you bring your own food for this visit? If so, which type and what quantity should be fed daily?

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2) Is your pet on any medications? If so, what is the name and strength of the medication? What is the daily dose? When is the next dose due?

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3) Does your pet have any food allergies? \_\_\_\_\_

4) Did you bring any personal belongings for your pet? If so, what are they, description of color, material etc.

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5) Is there anyone else who is authorized to take your dog out for walks?

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6) Is anyone else authorized to discharge your pet from our boarding facility?

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## Flea and Tick prevention

For the protection of your pet, the management of Animal Health Care associates, LTD strongly recommends that your pet be treated with a flea and tick prevention product prior to boarding at our facility. We have had good success with such products as Frontline, Advantix and Comfortis (dogs only). If the staff discovers that your pet has fleas while boarding with us, we will treat your pet with an appropriate flea remedy, either Capstar for cats or Comfortis for dogs. The cost will be incurred by the pet owner.

Please indicate below if and when your pet was treated with a flea/tick preventative. If a dose is due and you would like us to dispense and apply a dose please authorize below.

My pet (circle one) has/ has not been treated in the past 30 days with a flea and or tick prevention product.

Name of product \_\_\_\_\_

Date applied \_\_\_\_\_

My pet is due for a treatment of flea/tick preventative. I authorize Animal Health Care Associate, LTD to dispense and apply one dose of;

(circle one)    Frontline            Advantix            Comfortis            Activyl

Capstar            Advantage multi            Seresto Collar            Other