

Bay Animal Hospital Boarding Registration

❖ Owner's First & Last Name: _____ Pet's Name: _____

❖ Best Contact Number(s): _____

❖ Authorized Person(s) to pick up your pet or take off hospital grounds: _____

❖ Brand of Food if provided: _____

I did NOT bring my pet's regular diet and Bay Animal Hospital can feed (Purina EN Maintenance or Hills I/D) while my pet(s) is boarding.

❖ Can we add chicken, canned food, pumpkin to your pet's food if needed? YES / NO

❖ Feeding Instructions: _____ cup(s) and/or _____ can(s): 1x / 2x / 3x daily

I brought my own measuring cup or

Use Bay Animal Hospital's measuring cup (see staff member for example)

❖ Last time your pet ate: _____ am/pm

❖ Does your pet require medications during their stay? YES / NO

*If yes, please list on separate form provided. Medications must be in original container and labeled appropriately to whom it belongs to.

❖ Does your pet have any special needs or any new concerns? YES / NO

If yes, please specify _____

❖ Additional Services During Stay (additional charges apply):

Exam : _____

Bath : _____

Medication Refill(s): _____

Vaccines : _____

Has your pet ever had a vaccine reaction? YES / NO staff initials: _____

❖ Pick up Date: _____ Time: _____

❖ Emergency Contact: _____ Phone Number: _____

❖ In the event of a pet medical emergency and you or your representative are unavailable:

_____ Do whatever is medically necessary for the health and well-being of my pet; I accept financial responsibility. OR

_____ Render only what you deem minimally necessary for the life of my pet; I accept financial responsibility.

❖ Pets will be available for pick up any time during our normal office hours and no later than **30 minutes** before closing.

❖ If your pet is scheduled for a bath before they go home, a Client Care Specialist will call you when your pet is ready for pick up.

Please List All Medications Below:

Name of Medication and Dosage (MG, ML) (ex. Benadryl 25 mg)	How many tablets or milliliters?	Times per day?	Last time RX was given?

I understand the nature of boarding services provided by Bay Animal Hospital (BAH) and the costs associated with the services I have requested. I further confirm that all the information I have provided above are correct to my knowledge and signing this form grants authorization for BAH to fulfill the needs specified on this form.

I also understand that BAH does not recommend any personal items to be kept in the boarding enclosure with the pet as they may get damaged or lost. BAH does not assume responsibility for these items (this includes beds, blankets, toys, collars/leashes, clothes, chews or toys.

I understand that rawhide chews and pet toys may present choking hazards for pets and therefore BAH does not allow these items to be left with pet unattended. Continuous presence of BAH personnel is not routinely provided during non-business hours, but fresh water, food and freshly laundered blankets and towels are provided every day when safe to do so. Cat litter is scooped twice daily and dogs are walked at least 3-4 times daily or as needed.

Signature _____ **Date:** _____

Office Use Only:
Checked in by: CCS _____ **Technician** _____