

Name: _____

Pet Name: _____

Date: _____

Pick Up Date: _____

Diet (ex: Brand): _____

How often/amount? (ex: 1 cup, once a day) _____

Would you like us to give your pet a bath before going home? Yes No

Special Preparation (do you add water, etc.)?

Did you bring your pet's food? Yes No

If you did not bring your pet's food there will be a \$5.99 charge per day.

Is your pet on medication? Yes No If yes, please list medication(s)?

Medication (Name, mg)	Times Given (AM or PM)	Last Given (Time and Day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your pet current on vaccines? Yes No

Name of hospital if not here: _____

Your pet must be current on vaccines. If we have not vaccinated your pet please provide the name of the practice where they were given so we may call to verify. If we cannot confirm vaccine history, then vaccines will be given at your (the owner) expense. Please initial to indicate that you understand our vaccine protocol. _____

How can we reach you? _____

Emergency Contact: _____

PLEASE READ AND INITIAL TO THE FOLLOWING THAT APPLY TO YOU:

_____ I **give** Greater Atlanta Veterinary Medical Group permission to treat my pet as necessary for any medical condition that may develop during boarding, or that may have been identified while boarding. I understand that I will be responsible for these charges.

_____ I **give** Greater Atlanta Veterinary Medical Group permission to stabilize my pet should any life threatening problem arise. I understand that I will be responsible for these charges.

_____ I **give** Greater Atlanta Veterinary Medical Group permission to transfer my pet to a 24 hour emergency clinic due to a medical emergency that requires 24 hour observation. I understand that I will be responsible for all charges incurred with Greater Atlanta Veterinary Medical Group and all charges incurred at another facility for 24 hour care/treatment for my pet.

_____ I **do not give** Greater Atlanta Veterinary Medical Group permission to perform any unauthorized procedures or diagnostics without my consent.

_____ Please initial here stating that if you have brought a leash, collar, bed, bowls, cage, etc, we are not held liable for any loss or damages. We offer those items here if you did not bring them.

Please record any previous pertinent medical history or health problems here:

NAME: _____

PET NAME: _____

DATE: _____

We would like you to be aware of our policy regarding boarding and our requirement for the intranasal bordetella vaccination.

Bordetella Bronchiseptica Vaccine is for vaccination of healthy dogs and puppies at least 3 weeks of age or older as an aid in preventing kennel cough caused by Bordetella Bronchiseptica. This bacteria is considered to be one of the primary agents of canine infectious tracheobronchitis. The vaccination of dogs with live avirulent B. Bronchiseptica has been shown to greatly reduce the severity of the disease.

There are many factors that will influence if a dog will contract kennel cough after vaccination including time that the vaccine was given and exposure.

We require bordetella vaccination for patients boarding in our kennel but this does not mean that vaccination will prevent kennel cough in all cases since there are many strains of bacteria that can cause this disease.

There is always a risk of your healthy dog developing kennel cough during boarding. Should your vaccinated pet develop kennel cough during boarding, we will begin treatment for this condition at the **owner's expense.**

BY SIGNING BELOW YOU ARE STATING THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION
