

**Anderson's Corner Animal Hospital**

**Boarder Intake Form**

Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Medications 1. \_\_\_\_\_ Dose- \_\_\_\_\_

2. \_\_\_\_\_ Dose- \_\_\_\_\_

Please note if your pet has had medications prior to drop off \_\_\_\_\_

What foods will your pet be eating during his/her stay?

\_\_\_\_ Kennel Food (Supplied by ACAH) \_\_\_\_\_ Food from Home

Feeding Schedule: AM \_\_\_\_\_ PM \_\_\_\_\_

Are you leaving bedding and/or other items? \_\_\_\_ Yes \_\_\_\_ No

If yes please list what you are leaving: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

For the safety of your pet, our staff, and all other animals here at Anderson's Corner Animal Hospital, we require all animals be current on the following:

**Dogs**

**Cats**

Rabies

Rabies

DAPP

FVRCP

Bordetella

Fecal

Fecal

**If any of the above are not current, we will update your pet during his/her stay.**

**Emergency Phone Numbers (Please identify each number: cell, home, hotel etc):**

1.

2.

If your pet becomes ill during his/her stay prompt veterinary care is available. We will attempt to reach the owner via the emergency numbers provided. If unable to reach the owner, appropriate diagnostics and treatment will be done unless otherwise noted below.

Thank you for allowing us to take care of your pet while you are away.

Authorized Signature: \_\_\_\_\_