

BOARDING ADMISSION FORM

Thank you for boarding your pet(s) at Ocotillo Animal Clinic and Pet Resort. In order to provide the best possible boarding and medical care we must document proof of required preventative care, conduct a personality profile and perform a physical exam on your pet by our trained nursing staff prior to boarding.

Owner's Name _____ Date _____

Pet's Name _____ Species _____ Breed _____
 Age _____ Sex _____ Spayed/Neutered _____ Color _____

Drop-Off Date/Time: _____ Drop-Off Date/Time: _____

Pet Questionnaire & Personality Profile: (Please be specific on answers)

Does your pet have any health issues? _____
 Does your pet require medication? _____
 Does your pet get along with other pets and people? _____
 Does your pet have a "sensitive stomach" or special diet? _____
 How much, how often, and what type of food do you feed your pet? _____
 Does your pet have food and/or cage aggression? _____
 Is your pet a "jumper" (i.e. jump over outdoor walls/fences)? _____
 Is your pet afraid of any loud noises? _____
 Please list all of your pet's personal belongings: _____

Admitting Physical Exam:

Temp: _____ Pulse: _____ Resp: _____ Weight: _____
 Coat: _____ Mucous Membranes: _____ Ears: _____
 Notes: _____

Services Required/Requested At Admittance (cost/servece unless otherwise stated):

	<u>Cost</u>	<u>Per Day</u>	<u>Days Boarding</u>	<u>Total</u>
Personal Play Time (20 minutes):	8.00	_____	_____	_____
Kong filled toy:	5.00	_____	_____	_____
Medication/Oral Supplement:	2.00	_____	_____	_____
Additional Feeding Time:	2.00	_____	_____	_____
Flea/Tick Preventative:	12 - 15.00	_____	_____	_____
Brushing:	6.00	_____	_____	_____
Diabetic Management (Per Day):	10.00	_____	_____	_____
Batch (Towel Dry):	15.00	_____	_____	_____
Full Service Bath/Groom (By Groomers):	_____	_____	_____	_____

Total Additional Services: _____ x _____ = _____

Days Boarding _____ X Rate Per Day _____ + Additional Services _____ Total: _____

(Note: The total figure reflects fees for boarding services only. Preventative care services, if required, are additional and not reflected in this total amount.)

Owner/Agent Signature _____ Admitting Technician Initials _____