

ROCKLIN ROAD ANIMAL HOSPITAL

Eric D. Grunder, DVM, Owner

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BOARDING ADMISSION FORM

OWNER OR AUTHORIZED AGENT:

NAME: FIRST LAST HOME PHONE OTHER PHONE ADMISSION DATE
EMERGENCY

DATE ANIMAL TO BE PICKED UP _____ AM/ PM *SUNDAY Y/N* BY WHOM _____

ANIMAL DESCRIPTION:

SPECIES BREED SEX ALTERED AGE COLOR NAME OF PET
DOG/CAT M/F

ALL ANIMALS ENTERING THE HOSPITAL MUST BE CURRENT ON VACCINATIONS. ANIMALS NOT VACCINATED AT ROCKLIN ROAD ANIMAL HOSPITAL MUST HAVE PROOF OF VACCINATION.

1. _____ BOARDING \$ _____ /DAY X _____ DAYS = \$ _____
(MEDS) \$ _____ /DAY X _____ DAYS = \$ _____

2. MEDICATIONS: Is your pet on any medications? Yes () No ()
Do you wish to continue medications while boarding? Yes () No ()

- a. _____
- b. _____
- c. _____
- d. _____

3. PERSONAL ITEMS:

- e. _____ b. _____
- f. _____ d. _____

4. BATH _____ GROOMING _____ \$ _____

5. VACCINATIONS / HEARTWORM:

_____ RABIES \$ _____
_____ DHParvo \$ _____ (DOGS)
_____ LEPTO \$ _____ (DOGS)
_____ BPI \$ _____ (DOGS)
_____ FVRCP \$ _____ (CATS)
_____ HEARTWORM \$ _____ (DOGS) TOTAL VACCINATIONS \$ _____

6. PHYSICAL EXAMINATION:

(CLIENT CONCERNS) _____ \$ _____
_____ EST. TOTAL \$ _____
_____ DEPOSIT \$ _____

PLEASE READ:

-Pets are released only during regular doctor's hours (Mon-Fri 9-6, Sat-9-4, Sun 8-8:15am. If I neglect to pick up my pet within 5 days of the date above, you may assume that the pet is abandoned and you are hereby authorized to dispose of the pet as may be deemed best and necessary. (No charge for last day of boarding if picked up before noon.) All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at owner's expense. I also authorized the Rocklin Road Animal Hospital to do whatever is necessary should an emergency situation arise. If tranquilizer is necessary for treatment or handling, I give my permission to the Rocklin Road Animal Hospital to administer such medications. Payment is required when animal(s) are released. NO PETS ARE RELEASED ON HOLIDAYS.

OWNER'S SIGNATURE _____ DATE _____ STAFF _____