

Tin Woof! Inn Boarding Admission Form



1) Client Information

Client Name: _____ Phone _____ E-Mail: _____

Address: _____ ST. _____ ZIP _____

Check-In Date: _____ Check-out Date: _____ Pick up Time _____

2) Pet Information

	Name	Breed	Color	Sex	Fixed?	Birth Date	Weight
Pet #1				M F	Y N		
Pet #2				M F	Y N		
Pet #3				M F	Y N		

3) Feeding Instructions

Our Food Owner's Food (Circle One) Brand _____

How much do you feed? _____ How Often _____

4) Medications

Name of Med _____ Directions for meds _____

5) Physical Admitting Exam

- Y N 1. Is your pet on heartworm preventative? _____
 Y N 2. Any vomiting, coughing, sneezing, or diarrhea? If Yes, please list _____
 Y N 3. Has your pet had any illness or injury in the past 30 days? If Yes, please list _____
 Y N 4. Is your pet on any medication? If yes, please list on medication section of form.
 Y N 5. Ears/skin acceptable/Fleas/Ticks present? _____

Any Pet Behavioral Issues: Climbing Digging Fears Aggression Other: _____

	Rabies (due date)	DHLPP (due date)	Bordetella (due date)
Pet #1			
Pet #2			
Pet #3			

6) If fleas are detected, topical flea drops must be applied for a fee. Initial _____

7) Owner's release

I understand you CANNOT guarantee the health of my pet. I understand all pets admitted to TWI must be protected against communicable diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense. TWI is to use all reasonable precaution against injury, escape, or death to my pet. The facility and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be noted and I assume full responsibility for the treatment. I understand that TWI is not responsible for loss or damage to personal items left with pet including but not limited to; leashes, collars, toys, and bedding. I understand if I do not pick up my pet within 5 days of the date scheduled for discharge, the facility will assume that the pet is abandoned & are hereby authorized to dispose of the pet. If any medical problem is observed or develops:

____ Please treat my pet as required, you need not call me.

____ Perform only emergency & supportive care. Notify me for permission for any other treatment.

____ DO NOT perform any diagnostics and/or treatment until I am notified & consent for you to evaluate and treat.

Owner's Signature _____

In Case of Emergency please call _____ at the following number _____