Boarding Admission Form

Walden Animal Clinic* 2212 Albany Post Rd.* Walden, NY 12586* (845)778-7343

Owners Name: _____ Date: _____ Pick Up Date: _____Time:_____

Pet's Name: _____ Suite ☐ Run ☐

OFFICE USE ONLY

Pet Vaccination/Preventive Requirements:

Cats:				Dogs:		
Current		**Update Today**		**Current**		**Update Today**
☐	FVRCP	☐		☐	DHLPP	☐
☐	Rabies	☐		☐	Flu	☐
				☐	Bordetella	☐
Flea/Tick preventive:_____				☐	Rabies	☐
Date Administered:_____				☐	Fecal	☐

Vaccinations: "I understand that the law requires rabies vaccination for all pets. I also understand clinic policy which requires all above stated vaccinations and test for cats and dogs be current, Dogs must also have a negative fecal sample result in the past 12 months. If vaccines have been updated at another location, proof must be presented at time of boarding. If any vaccines are needed and my pet hasn't had a wellness exam in the last six months I will be charged an office exam fee of $58. If my pet has been seen within the last six month for a wellness exam there will be an exam fee of $40."

Owner Initial:_____

Yes	**No**	
☐	☐	Any vomiting, Diarrhea, coughing, sneezing or injury in the last 30 days?
☐	☐	Is your pet allergic to any drugs? If yes, what? _____
☐	☐	Is your pet currently on any medication? If so, there will be an additional $5 per day charge for administration. If meds are SID circle AM/PM.

If yes, what? _____

Diet: Own/Ours _____If feeding is SID circle AM/PM.

OWNER　　 I understand Walden Animal Clinic **CAN NOT** guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. **I understand ALL pets admitted to the clinic 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.**

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys and bedding. In the event that the pet ingests **ANY** foreign material including bedding, toys, etc. we will not be held responsible. The clinic is to use all reasonable precaution against injury, escape or death of my pet. The clinic and staff will not be held liable for any problems that occur or develop provided reasonable care and precautions are followed. I understand the hospital will use all reasonable precautions for the safekeeping of the described pet(s), but the hospital will not be held responsible in any manner whatsoever on account of damage or medical situations that may arise, as it is thoroughly understood that I assume all risks. I also understand that hospital personnel are not present continuously after normal business hours. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

If pet is picked up before noon, there is no charge for that day. I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Owner/Agent's Signature: _____ Date: _____

Name & Phone Number of Responsible Party to be reached in an Emergency:

_____

I give permission to Walden Animal Clinic to take and use photos of my pet for any web content or social media post.

Signature: _____

OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

	YES	NO
Dismissal Bath:	☐	☐
Nail:	☐	☐

SPECIAL COMMENTS / INSTRUCTIONS