



Canine Boarding Admission Form

850 S Henrickson Road
PO Box 310
Dewey, AZ 86327
WWW.KachinaAnimalHospital.com
KachinaAH@cableone.net

Please print in all the spaces.

Office: 928-772-8225
Fax: 928-759-0235

Client Name _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____ If
different from above

Home Phone _____ Cell Phone _____ Emergency Phone _____

Pets Name _____

Breed _____ Male / Female Spayed / Neutered? _____

Color _____ Birth Date _____

Admission

Arrival Date _____ Departure Date _____ Anticipated Departure Time _____

Would you like your Pet to have a bath? _____ What Date? ___/___/___ if day of pick up please come after 12pm.

Bath pricing - <50# \$30, 50-99# \$40, >100# \$50

Medication

Is your pet on any medications? Yes _____ No _____

Medication name _____ How much dose pet get? _____ How often? _____

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Have you given the medication(s) today? Yes _____ No _____ Do you need any refills? Yes _____ No _____

There is a daily fee of \$4 for medication administration. All medications and/or supplements must be presented in original bottles.

Feeding instructions:

Has pet been fed today? Yes / No AM / PM What food is pet on? _____

How much is your pet fed? _____ Cups per feeding _____ Cans per feeding Once daily / Twice daily

Does your pet get any treats? Yes / No What kind? _____ How many / how often? _____

Personal Belongings:

Will you be bringing any of the following for your pet while boarding?

Bedding? Yes / No Description _____

Toys? Yes / No Description _____

Leash/collar? Yes / No Description _____

Other items? Yes / No Description _____

Special Instructions:

Does your pet jump fences? Yes _____ No _____

Is your pet aggressive towards other dogs? Yes _____ No _____

Is your pet aggressive towards people? Yes _____ No _____

Is your pet fearful? Yes _____ No _____

Is your pet house-trained or does your pet usually stay outside all the time? _____

Services needed while your pet is boarding:

Are there any health concerns that you would like addressed by a veterinarian? Yes / No

Explain: _____

Is your pet having any problems with any of the following? Vomiting? _____ Diarrhea? _____

Coughing? _____ Sneezing? _____ Increased Urination?

Increased Thirst? _____ Weight changes? _____ Appetite Change? _____

Would you like to have your pet seen by the Veterinarian during their stay? Yes / No Exam fee \$52.50

Does your pet need a wellness exam while boarding? Yes / No

Pediatric wellness exam (<1 year) \$31.50, Adult wellness exam (1 to 7 years) \$47.50, Senior wellness exam (>7 years) \$47.50

Does your pet need any vaccines while boarding? Yes / No Current yearly exam needed to give any vaccines.

Distemper parvo-\$17.50, Bordetella -\$21.50, Rabies-\$23.50, Rattlesnake vaccine-\$37.50,

Do you want us to take your pet for a daily walk? Yes / No Walks are \$5 per walk.

Does your pet need frontline application while boarding? Yes / No Needs to have a current does once monthly.

If no when was the last time it was applied? __/__/__

Would you like your pets nails trimmed or Anal glands expressed? Yes / No

Nail trim \$15.50 Anal gland expression \$22.95

Services needed while your pet is boarding:

Would you like your pet to be tested for intestinal parasites? Yes / No Fecal test \$52.67 current yearly exam needed.

Would you like your pet to be tested for Heartworm/Lyme disease/Tick Fever? Yes / No

Test \$55.95 All dogs need if not on heartworm preventative.

Does your pet need any bloodwork? Yes / No Explain _____

Would you like a free CoHAT dental exam? Yes / No

Would you like Doctor-supervised boarding? Yes / No Recommended for older pets. \$32 per night.

Emergency Contact Name _____

Emergency Contact Phone Number _____

Alternate Emergency Contact Name _____

Alternate Emergency Contact Phone Number _____

Printed name _____

Signature _____

To prevent the spread of infectious diseases, all hospitalized and boarding patients must be current on all vaccinations and free of internal and external parasites.

We will gladly prepare a written estimate if you desire. (Please ask our doctor or receptionist.) In case of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, Visa, Discover, American Express and Care Credit. We can establish a payment arrangement for qualified clients if approved in advance of the treatment. There will be a \$25.00 service charge for any checks returned unpaid.

I understand that payment is due at the time services are rendered.

Signature of Responsible Agent for Pet(s) _____ Date _____

I give permission to _____ to authorize treatment of my pet in my absence.

* The attending Doctor and Staff will not be on the premises after hours. *