

Day Boarding Admission Form

Owner Information

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

Email

example@example.com

Emergency Contact Information

Please provide an emergency contact that will be available in the area while your pet is boarding with us. This person must be authorized by you to make decisions regarding your pet in the event that we cannot reach you.

Patient Information

Name

Breed

Age

Sex

Current Veterinary Hospital

Diet

How many times a day does your pet eat?

Amount fed at each meal?

Is your pet allowed extra treats?

Yes

No

Does your pet have any known food allergies?

Does your pet have any health concerns or require medications?

Yes

No

If yes, please list the conditions and/or medications (dose, time required, etc). Note that an administration of provided medications fee will apply (\$15 + tax per day)

Is your pet up to date on all vaccines, including Bordetella? Vaccination certificates requires at drop off

Yes

No

Is your pet on flea prevention?

Yes

No

If fleas are found on your pet during their stay, we will administer Advantix. The fee associated with the required dose will be added to your invoice. *

I agree

Boarding Drop off (Date, 8-8:30am drop off time)

Boarding Pick up (Date, Wed-Fri 6pm, Sat/Sun 5pm pick up time)

Does your dog become reactive, aggressive or hyper-excited with:

- Other dogs/animals
- People
- None of the above

I wish for my dog to have the following additional services during boarding (check all that apply) :

- Early rehabilitation < 2 weeks post-op (\$102 + tax per day, includes boarding)
- Follow-up rehabilitation (\$98 + tax)
- HydroFitness (\$75 + tax per session)
- Assisted Swim Session (\$50 + tax per session)
- Personal Play Time (\$42 + tax per session)
- Bath and nail trim (\$50 + tax)
- Other

I understand that Blue Springs can not admit my pet for boarding if they have developed any new medical concerns or injuries that have not been previously addressed by a veterinarian and reported to Blue Springs staff prior to drop off *

I agree

If your pet develops soft stool during their stay, we will administer a probiotic powder in order to prevent further progression to diarrhea. The fee associated with the required doses will be added to your invoice. *

I agree

Do you suspect that your pet may become stressed during their boarding stay?

- No
- Yes - One of our staff will contact you to discuss your concerns further
- Unsure - One of our staff will contact you to discuss your concerns further

If your pet appears to be stressed, anxious or reactive during their boarding stay, we will provide oral relaxation as prescribed by our on-call veterinarian. The fee associated with the required doses will be added to your invoice. *

I agree

Does your dog demonstrate any other behaviors at home that may present a challenge during boarding:

- Food guarding
- Run aggression

Leash aggression

Other

If you would like photos updates during your pet's stay, please include the appropriate phone number below:

Please list any special requirements that your pet may have while boarding:

Normal wear and tear is expected during a regular boarding stay. If, however, my pets behavior results in unreasonable damage to the boarding facility, I will be responsible to reimburse Blue Springs Animal Rehabilitation Center for the TOTAL AMOUNT of any/all incurred expenses associated with repair of these damages. *

I agree

I understand that unforeseen emergent health concerns could be identified during my pet's stay. I understand that reasonable efforts will be made to contact me (or my emergency contact) to explain these concerns. If, however, contact is unsuccessful or the situation is deemed emergent, I authorize the performance of life saving or stabilizing procedures or treatments deemed necessary by the on-call veterinarian. I understand that only those measures necessary to allow safe transport to a veterinary hospital of my choice for further assessment and care will be taken. Fees associated with stabilization procedures will be owed to Black Creek Animal Hospital at the time of treatment *

I agree

I understand that unforeseen non-emergent health concerns could be identified during my pet's stay. I understand that reasonable efforts will be made to contact me (or my emergency contact) to explain these concerns. If examination by veterinarian is elected, I understand that a licensed veterinarian at Black Creek Animal hospital will examine my pet and contact me or my emergency contact to discuss their findings and any recommendations for diagnostics and treatment. Fees associated with examination, diagnostics and treatments will be owed to Black Creek Animal Hospital at the time of treatment. *

I agree

I understand that my pet will only be released during regular business hours. If I do not pick up my pet within 10 days of the pick up date listed and I do not make further arrangements, Blue Springs Animal Rehabilitation Center may assume that my pet is abandoned. I accept full responsibility for payment of all fees and expenses incurred should I abandon my pet *

I agree

I understand that payment in full is required when my pet is dropped off, however, any necessary additions to the invoice will need to be paid in full upon release. *

I agree

I give permission to have my pets photo, name and brief description of their condition posted on social media (Facebook/Instagram).

Yes

No

Accident and Injury Disclaimer

I understand that the staff at Blue Springs Animal Rehabilitation Centre will take any and all necessary and reasonable precautions to ensure the safety of my pet. I understand, however, that should my pet sustain an injury while participating in any and all physical activities offered at the center, Blue Springs Animal Rehabilitation Center will not be held responsible for any veterinary assessment or treatment.

If my pet has been referred to Blue Springs Animal Rehabilitation Center by my veterinarian for a diagnosed health concern, I understand that treatment recommendations and protocols will be developed for this particular condition. Should the referring veterinarian's diagnosis be incorrect, Blue Springs Animal Rehabilitation Center will not be held responsible for any unexpected results arising from the recommended activities. I understand that if my pet is not responding to treatment as expected, I may be asked to return to my veterinarian for reassessment or further investigation.

Name

First Name

Last Name