



Pine Belt Veterinary Hospital and Kennel

Dr. Lowell Rogers ♦ Dr. Kale Hatten ♦ Dr. Jennifer Sellers
Dr. Mary Hannah Lawrence ♦ Dr. Stephen Campbell

Boarding Admission Form

Client Name: _____	Client Phone Number: _____
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Person Authorized to pick up your pet (if other than yourself): _____

Emergency Contact: _____	Emergency Contact Phone Number: _____
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Pet's name(s): _____ _____ _____	Please list any procedures to be performed while boarding: _____ _____	Check-in Date: _____ Check-out Date: _____	Pick-up Time: _____ (If departure is after 12:30 pm on pick-up day, pet will be charged ½ day boarding charge for that day, including Sundays).
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Initial: _____ ALL PETS ADMITTED MUST BE CURRENT ON THE VACCINES REQUIRED BY PINE BELT VETERINARY HOSPITAL AND KENNEL. Written proof of vaccination is required. If your pet is past due or if records cannot be obtained, your pet will be given the necessary vaccinations or tests upon admission. Current charges will apply.
Fax records prior to admission to (601) 261-0781.

Initial: _____ PETS MUST BE FREE OF EXTERNAL and INTERNAL PARASITES. Pets found to have evidence of parasites will be treated at the owner's expense.

Boarding Services Offered

Overnight Boarding (per pet): <input type="checkbox"/> Dogs 0-25lbs \$22/night <input type="checkbox"/> Dogs 26-50lbs \$23/night <input type="checkbox"/> Dogs 51-75lbs \$24/night <input type="checkbox"/> Dogs 76-100lbs \$25/night <input type="checkbox"/> Dogs 101+lbs \$27/night <input type="checkbox"/> Cats \$22/night	<p>*All canine boarding rates include two outdoor exercise sessions per day per pet. Additional exercise sessions are available upon request for \$5.00 per session per pet. MAXIMUM OF 2 ADDITIONAL WALKS PER DAY PER PET.</p> <p>YES NO <input type="checkbox"/> <input type="checkbox"/> Additional exercise sessions per day. If so, how many? _____</p>
<input type="checkbox"/> Caged Pets \$22/cage (Ferret/Rabbit/Bird/Reptile/Pocket Pet) – Owner must bring cage and all food and supplies for stay.	

Special Instructions

Unless otherwise instructed, your pet will be fed Purina Pro Plan Veterinary Diet EN Gastroenteric. If your pet has other dietary needs, please provide the specific diet, or allow us to provide your pet's specific diet at owner's expense.

YES NO

I have special dietary instructions or supplements for my pet. Specify the type of food & specific feeding instructions below:

I am leaving personal belongings with my pet. List all belongings below:

Go Home Bath (1/2 price for dogs that have boarded for 3 or more nights. Includes nail trim & routine ear cleaning unless patient requires additional restraint)

Express Anal Glands (\$14.00-\$18.00)

Blow Dry (Charged per 15 minutes - \$7.50/15 minutes. This helps loosen and remove compacted or loose hair)

Nail Trim with Filing (\$15.00-\$25.00, this helps get your pet's nails shorter and remove any rough tips that may remain after trimming)

Kennel Hours

Our kennel is open for check in & dismissal the following times:
Monday-Friday 7:30am-5:30pm, Saturday 7:30am-1:00pm, Sunday 4:00pm-5:30pm

A fee of \$25.00 is charged for check in or dismissal after hours at times the kennel staff would normally be present, but the front office is closed. An emergency fee of \$40.00 is charged for check in or dismissal when staff must make a special trip to the hospital. The front office is closed the entire day of Thanksgiving Day, Christmas Day, New Year's Day, & July 4th, & is closed the afternoon of Christmas Eve & New Year's Eve. For Memorial Day & Labor Day, we will be open only for boarding pickups/drop-offs from 4:00pm-5:30 pm. If our office hours must change for any other holidays, you will be notified at check in.

Medication Administration

All medications brought must be labeled with patient name, name of medication, & dosage instructions. If medications are not provided, you will be charged at the current rate for medications that we must fill. Please list all medications below, their dosages, and instructions.

Daily Medication Administration – Minimal \$5.00/night
(Up to 2 medications administered up to 2 times per day)

Daily Medication Administration-Extended \$7.00/night
(More than 2 medications or more than twice daily dosing)

Medication Name	Dosage Amount	Dosage Instructions	Time Last Given?

Please read and initial each statement below:

_____ I authorize Pine Belt Veterinary Hospital and Kennel and its employees to do whatever is necessary (including anesthesia) in case of an illness or emergency to care for and treat my pet. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians of Pine Belt Veterinary Hospital and Kennel to proceed with treatment as deemed necessary for the wellbeing of my pet. I understand that I will be financially responsible for all charges incurred at checkout.

_____ Pine Belt Veterinary Hospital & Kennel reserves the right to refuse admission of aggressive or behaviorally challenged pets.

_____ We will not leash walk any dog with aggressive tendencies.

_____ If we determine that your pet is a danger to our staff or other pets, you will be asked to remove your pet immediately from our facility.

_____ If your pet's disposition requires special handling (i.e., additional caging/restraint, extra monitoring, or additional staff involvement), there will be an additional boarding charge of \$5.00/day.

_____ We reserve the right to refuse to board destructive pets. If your pet causes excessive damage to our facility or property (beyond normal wear-and-tear), you will be responsible for charges related to the repair of that damage.

_____ Any pet not claimed within ten days of pick-up date, without new provisions being made, will be considered abandoned and will become the property of Pine Belt Veterinary Hospital and Kennel to be handled according to our best judgment.

_____ I understand that the clinic is not responsible for loss or damage to personal items I choose to leave with my pet.

_____ I authorize Pine Belt Veterinary Hospital and Kennel to use photos of my pet on Pine Belt Veterinary Hospital's social media sites (Facebook and Instagram).

My signature below indicates that I have READ, and I UNDERSTAND this entire form. I have had any questions answered by a staff member and have indicated by preferences.

Authorized Signature: _____ **Date:** _____

Staff Use Only

Admitted by: _____	Current Vaccination History Verified: _____	Weight at check-in: _____
External Parasite Check Performed By: _____	NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/>	Treatment Given: _____
Kennel #: _____	Kennel Card Made: _____	Belongings Labeled in Cubby: _____
Bath On Bath Board: _____	Go Home Bath Done (initial/date): _____	Procedures On Tx Board: _____
Meds on Tx Board: _____	Charges On Chart? YES <input type="checkbox"/> NO <input type="checkbox"/>	Time Of Check In: _____
Additional Walks Requested? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add. Walk added to board: _____	Add. Walk Kennel Card Made: _____