

**St. Louis Veterinary Center
BOARDING ADMITTANCE**

PET OWNER:

Name: _____ Date: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone:(_____)_____-_____ Home Phone:(_____)_____-_____

Work Phone:(_____)_____-_____ E-mail:_____

Preferred Method(s) of Contact: Cell Home Work E-mail

Would you like to receive reminders regarding appointments, yearly Wellness Exams, vaccinations and preventative care?

No, thank you. Yes, please remind me via Text OR E-mail

EMERGENCY CONTACT:

Name: _____ Phone:(_____)_____-_____

PATIENT(S):

Pet's Name	Cat/Dog	Sex	Age	Breed	Color
1					
2					

VACCINATIONS

St. Louis Veterinary Center requires all pets to be up-to-date on the following vaccinations; Rabies, Da2PP, Bordetella, FVRCP.

Is your pet **current** on vaccinations? Yes, I have provided proof of the required vaccinations
 No, my pet(s) need their vaccines updated during their stay

GENERAL INFORMATION

St. Louis Veterinary Center strongly recommends for all pets to be on proper preventatives such as Frontline Plus or Vectra 3D for flea/tick prevention, and Heartgard, Trifexis, or Advantage Multi for heartworm/parasite prevention.

Is your pet currently receiving preventative for flea/ticks and heartworms? Yes No

If yes, which preventative(s) are being used? _____

When was the last dose given? _____

Has your pet(s) had any previous boarding problems or concerns that we need to be aware of? Yes No Never boarded

If yes, describe: _____

SOCIALIZATION / PLAY TIME

**Dogs will always be under supervision if being allowed to play together. Cats are kept in separate cages and are not in contact with other pets.*

Does your dog get along well with other dogs? Unsure
 No, I would like my dog to be kept separate from other dogs
 Yes, I would like my dog to be allowed to play with other dogs

If YES, read and initial below:

____I understand that there is a risk associated with my dog playing with other dogs in a cage-free environment. I understand that St. Louis Veterinary Center & its staff will do everything they can to prevent injury, but do understand that not all injuries can be prevented when a large number of dogs are playing together. I am willing to accept this risk and leave my dog in the care of St. Louis Veterinary Center.

____ I also understand that because dogs play with their paws and mouths that minor cuts and scratches can occur from normal play behavior.

ELECTIVE PROCEDURES

Please select below any additional procedures to be completed at the time of boarding:

Examination	\$42.00	Fecal Test	\$21.50
Canine Heartworm Test	\$40.00	Anal Gland Expression	\$18.00
Feline FIV/Leuk/HTW Test	\$45.00	Ear Clean	\$12.50-\$20.50
Microchip	\$40.00	Nail Trim	\$7.50-15.50
Other:			

In order to control the spread of fleas and diseases they may carry, **every pet seen with live fleas will be given a \$8 (per pet) flea pill at the pet owners expense.** This is for the protection of all of our patients, clients and staff.

I understand and accept this mandatory treatment in the event that fleas are found on my pet(s)

Initial

FEEDING / MEDICATION GUIDELINES

Does your pet have any known food allergy? Yes No

Food will be provided by:

Pet owner	(no charge)
St. Louis Veterinary Center – Dry food	\$3.00 additional per day
St. Louis Veterinary Center – Wet food	\$2.00 - \$6.00 additional per day (depending on amount fed)

Amount to be fed per feeding: _____ Number of times to be fed per day: _____

Is your pet allowed to be given treats? Yes No Only treats provided by owner Any treats are fine

Medication to be administered (\$3.00 additional per day)	Route: (oral, injectable, etc.)	Amount of medication per administration	Number of times to be administered per day

Please read carefully and sign below:

- I understand and acknowledge that I am solely responsible for any harm/property damage caused by my dog while he or she is at St. Louis Veterinary Center.
- I also understand and agree that I will not hold St. Louis Veterinary Center or any of its employees or owners liable for any problems that may develop while attending St. Louis Veterinary Center provided proper care & precautions are taken.
- I hereby declare that my pet(s) has not been exposed to any communicable diseases within the last 30 days, and is fully vaccinated in accordance with St. Louis Veterinary Center's requirements.
- I also understand and acknowledge that St. Louis Veterinary Center is relying on information I provide stating that my dog is in good health and has not harmed anyone or shown any overly aggressive behavior towards people or dogs.
- I further understand and agree that St. Louis Veterinary Center & its staff have my full authority to treat any problems that may arise as they deem necessary, and I assume full financial responsibility for any such treatments.
- I further understand and agree that in the event of a medical emergency St. Louis Veterinary Center will provide initial treatment, and I assume full financial responsibility for any such treatment.
- St. Louis Veterinary Center reserves the right to refuse admission to or revoke admission of any dog that does not meet our health or temperament requirements.
- I also understand that because dogs play with their paws and mouths that minor cuts and scratches can occur from normal play behavior.
- I understand that paw pad blisters are normal for dogs who have not had regular exercise that creates calluses on paw pads.
- I understand and agree that St. Louis Veterinary Center reserves the right to charge additional fees for services they consider over and above the norm covered by the standard rates.
- I understand that St. Louis Veterinary Center cannot be held responsible for any lost, dirty, damaged, or destroyed belongings left in their care.

Owner's Signature _____ Date: _____

Photography release: * OPTIONAL *****

I give permission to St. Louis Veterinary Center to photograph my pet _____ and to use the photo(s) on the clinic's website, various social media sites (Facebook, Instagram, Pinterest, Twitter) and for any other lawful purposes. We do not extend this to any additional outside advertising. Any photos taken of my pet are for clinic use only.

Print Name: _____ Signature: _____