TYSON ANIMAL HOSPITAL - BOARDING ADMISSION FORM

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Existing Client New Client				Today's Date	oday's Date:	
Client:		D	ate In:		Date Out:	
Pet's Name:		Species	s:	Breed	d:	
Pick-Up Date:		Weight	t:	Age:		
We operate a flea free facility and in order to maintain this standard, flea treatments are required for boarding. We require Nexgard, a monthly flea chewable for dogs, and Revolution, a monthly, topical flea application for cats, which is given upon arrival. (Various other preventatives can be approved through vet prior to boarding) Nexgard/Revolution \$15.00 per pet Date Given (Nexgard/Revolution)						
All pets must be up to date on vaccinations. Proof of vaccinations must be on file at the time of boarding, or they will be administered upon admission into the hospital.						
Boarding is a great opportunity to have necessary and recommended services performed conveniently while your pet is in our care. Please check if you would like any of the following done during your pet's boarding stay: CLEAN UP BATH (does not include nail trim or ear cleaning) – Price \$18.00 FULL BATH (includes nail trim and ear cleaning) – Price \$21.00 – \$30.00 PHYSICAL EXAMINATION by veterinarian – Price \$43.00 NAIL TRIM – Price \$15.00 EAR CLEANING – Price \$11.00 FECAL EXAMINATION (done twice annually) – Price \$21.00 HEARTWORM TEST – Price \$27.00 PLAY TIME – Price \$6.00 per pet, per day # of Days: Special Diet: Please bring your own food:						
☐ Prescription medicatio	ns to he given:					
Medication 1	113 to be given.		Dose:		Provided by owner: Y/N	
Medication 2			Dose:		Provided by owner: Y/N	
Medication 3			Dose:		Provided by owner: Y/N	
Wiediedtion 5			Dosc.		Trovided by owner. 1714	
Belongings you are leaving with your pet:						
We strive to provide the best care and compassion possible for your pets. If your pet becomes ill while boarding with us, we will attempt to contact you. All necessary diagnostics and treatments will be performed until we are able to reach you. I certify that I have read and understand the boarding policies and information.						
Signature of Owner/Agent		Date			Phone	
Emergency Contact:	 Name			<u></u>	Phone	
Checked in by:					-	