



Pet Boarding Form

CLIENT INFORMATION

Name: _____

Address: _____

Contact Number: _____ Email: _____

PATIENT INFORMATION

Name: _____ Species: _____ Breed: _____ D.O.B: _____

Sex: M F Neutered/Spayed: Yes No Colour: _____ Weight: _____

Microchip Number: _____ Rabies Tag Number: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____

- I give permission for my emergency contact to make medical and financial decisions with regards to _____ if I cannot be reached and veterinary care is deemed advisable. Initial here:
- I do not give permission for my emergency contact to make decisions about my pet, and understand that if I cannot be contacted that medical decisions will be at the discretion of the attending veterinarian in order to ensure my pet's comfort and health. Initial here:

I am the owner or duly authorized agent of _____, described above. I understand that in the event my pet becomes injured or ill while boarding at Barriefield Animal Hospital, that every effort will be made to contact myself or my emergency contact for instructions regarding extent of care. In the event that neither myself nor my emergency contact can be reached in a reasonable time, I give permission for Barriefield Animal Hospital to perform any procedures and/or treatments that are deemed medically necessary under the direction of the attending veterinarian. I understand that the associated fees will be added to my invoice. Should the veterinarian deem that _____ requires intensive 24-hour care, I understand that he/she will be transferred to Kingston Regional Pet Hospital and that I will be responsible for any expenses incurred to maintain the health and comfort of _____ until I can be reached.

Note: Staff does not have access email/computers/telephone after regular office hours.

Sunday Discharge Protocol

1. Pickups must be prearranged at the time of admittance.
2. All boarding is to be prepaid.
3. Pickup time is between 6:00 pm – 6:15 pm. Should you be unable to pickup at the allotted time an additional night stay will be added to your invoice. Payment is due at pickup.

Signature: _____ Date: _____



Pet Care

Feeding Instructions

- Amount: _____
- Dry: _____
- Canned: _____
- Frequency: Once | Twice | Three

Belongings

Leash (colour) y/n _____ Bed (colour) y/n _____ Blanket (colour) y/n _____

Toys (description) y/n _____

Additional Belongings: _____

Additional Services Requested: _____

Is there anything else you would like us to know about your pet? (i.e. anxiety, behaviour, etc.)



Thank you for choosing to board your pet at our hospital.

If you have any questions, please give us a call at 613.544.7387 and one of our team members will be happy to assist you.