

# Boarding Admission

**Thank you for choosing the Animal Hospital of Chetek to board your pets!**

Your pet is important to us. Because we care, we want you to know every effort will be made to make sure your pet's visit is a safe and happy one.

**>For the protection of not only your pet(s), but all other animals here, we require that all pets be current on the following vaccinations: Rabies, Distemper, and Bordatella (Canine Only).**

>The Animal Hospital of Chetek agrees to take care of your pet. However, we ask permission to act on your behalf, and in your pet's best interest, by providing veterinary care at your expense if necessary. In the event of illness or injury, the Animal Hospital of Chetek shall not be held personally liable.

>If your pet is carrying intestinal parasites or external parasites (fleas or ticks) they will be treated at your expense in order to prevent transfer to other pets.

>Your pets are off leash in the fenced-in backyard. The Animal Hospital of Chetek will not be held responsible if your pet(s) jumps over the fence, digs under the fence or otherwise escapes the fenced-in area. The Animal Hospital of Chetek will not be held responsible for any injuries to your pet(s) or damages your pet(s) causes in the event of an escape.

Please fill out the form below as thoroughly as possible (one form per pet please):

**PET NAME:**\_\_\_\_\_ **DATE IN**\_\_\_\_\_ **Pick up date and Time (apprx)**\_\_\_\_\_

Please note pick up times are during our regular office hours.

Sunday pick up is available on non-holiday weekends only.

Sunday pick up time is between 6 and 6:30 pm, prepayment is required.

## **VACCINE STATUS – Please list due dates (not the date the vaccine was given)**

- Proof of vaccination is required for boarding (records may be faxed from your veterinarian).
- Home vaccination and vaccination provided by unlicensed providers (i.e. breeders) will not be accepted.
- If needed we can update vaccinations during your pet's stay.
- If your pet has not been examined by one of our veterinarians within the last year, an examination would be required prior to updating any vaccines.
- **If your pet is regularly vaccinated by our hospital, you may skip this step.**

**Rabies**\_\_\_\_\_ **Distemper/FVRCP**\_\_\_\_\_ **Bordatella**\_\_\_\_\_

## **Feeding Schedule:**

**Hospital food:** ☐ Please check this box if you would like your pet to be feed our general hospital diet

**Brand of food:**\_\_\_\_\_ **Amount:**\_\_\_\_\_ (please list in cups if possible)

**Frequency:**\_\_\_\_\_ (i.e. once a day, twice a day, food is left out, etc...)

**Treats:**\_\_\_\_\_

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(Please list all treats individually including amounts and times to be given)

**Dogs and Cats are left unsupervised with** toys/treats and bedding. Nervous animals may ingest these products. Ingestion of these products may require medical or surgical intervention. If you would like us to withhold these items from your pet please let us know.

☐ I am aware of the risks and would like pet to have toys/treats and bedding.

☐ Please do not give my pet toys/treats and bedding.

**MEDICATIONS: Please list any and all medications your pet will need during their stay**

Medication_____	Amount_____	Time(s) given_____	Last given at_____
Medication_____	Amount_____	Time(s) given_____	Last given at_____
Medication_____	Amount_____	Time(s) given_____	Last given at_____
Medication_____	Amount_____	Time(s) given_____	Last given at_____
Medication_____	Amount_____	Time(s) given_____	Last given at_____
Medication_____	Amount_____	Time(s) given_____	Last given at_____
Medication_____	Amount_____	Time(s) given_____	Last given at_____

**ITEMS BROUGHT (please list and describe any blankets, beds, toys, etc...)**

On occasion pets will have accidents in their runs, when this happens we may have to wash some of the times you have provided for their stay. Thoroughly listing and describing items will decrease the likelihood of an item getting misplaced in our laundry.

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**OTHER SERVICES YOU WISH TO RECEIVE WHILE BOARDING: Please list any other services you would like us to provide during your pet's stay (Physical Exam, Nail trim, Grooming, Vaccinations, Dental cleaning, Heartworm test, Micro-chipping, Ear exam, Parasite screen, etc...)**

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**Bath**

- ☐ A complimentary bath is provided to any pet staying three nights or more, check this box if you would like this service
- ☐ A Discounted bath may be provided to any pet during their stay, please check this box if you would like this service

I have read the above admission form, and agree to the above conditions. I agree to pay for all veterinary and other necessary services incurred by and for my pet(s) during its stay. I agree to pay all costs for any property damage or personal injury caused by my pet(s) during its stay. I will pay all charges on the day I pick up my pet(s) or PRE-PAY if picking up on Sunday.

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**SIGNED:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**EMERGENCY CONTACT(s):**\_\_\_\_\_

Photo ID required. Pick-up person signature\_\_\_\_\_ print name\_\_\_\_\_

Date of release\_\_\_\_\_

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**The Animal Hospital of Chetek**  
*Because Your Pet's Deserve The Best*