

WOAH Office Use Only

Guests: _____ Contact Option: A B C CHECK IN: Initials _____ Time _____
 TGHB: _____ Own Food? YES NO EZYVET: Initials _____ SF: Initials _____
 Belongings? YES NO Medication: YES NO SCAN: Date _____ Initials _____



Wise Owl Animal Hospital Boarding Admission Form

Owner's Name _____ Pet's Name _____
 Phone: _____ DOB/Age: _____ Species: _____
 Email: _____ Breed: _____
 Sex: Male Female Fixed? Yes No

**Please ensure contact info. above and below are numbers you will be able to be reached at during your pet's stay. If you are boarding more than one pet, please complete additional pet information on the final page of this form.*

Check-In Date: _____ Check-Out Date: _____

I will be picking up my pet(s) **If someone else is picking up:**
OR Name: _____
 Someone else will be picking up my pet(s) Contact Phone Number: _____

Emergency Contact Name: _____ Contact Number: _____

Are you bringing your pet's food from home? Yes (Type: _____) No

Fed how many times per day? 1x 2x 3x Amount per meal: _____

Are you leaving any belongings? Yes No

Wise Owl Animal Hospital cannot assume responsibility for any lost or damaged items while left at the clinic - whenever possible, please do not leave any personal belongings. Items such as blankets and toys are furnished free of charge by us to all boarders during their stay. Should you still decide to bring personal items with your pet(s), all items must be labeled with Pet's Name and Owner's Last Name.

Please list any items you are leaving: _____

Are you bringing any medications for your pet? Yes No

If so, please list your pet's current medications below:

Medication Name	Dose (ex. 1 pill, ½ pill)	Frequency & Time Last Given

Patients that have medications administered while boarding will be charged a daily Medication Administration Fee

Is your pet up-to-date on vaccines?

Yes

No

For your pet's health and protection Wise Owl Animal Hospital requires written proof that all boarding animals are up-to-date with doctor approved vaccinations. If your pet is not up-to-date, you are unable to provide proof of vaccination history, and/or vaccines given are not doctor approved (such as those that come from a feed store), we will provide an exam and administer appropriate vaccines. The cost will be added to the final bill at pick-up. Puppies and kittens will be admitted to board on a case-by-case basis, due to lack of immunity to diseases.

Required Vaccines: Dogs: Distemper/Parvo (DHPP), Bordatella

Cats: Feline Distemper

Has your pet been given flea treatment within the last 30 days?

Yes

No

Date Given: _____ Brand of Flea/Tick Treatment: _____

All boarding animals must be free of both internal and external parasites. Due to the severity of parasite related diseases on Guam, any patient(s) with fleas and/or ticks will be treated immediately, and the cost added to the final bill at pick-up.

Does your pet need a bath before going home?

Yes

No

Any dogs boarding for 5 or more nights will be given a complimentary bath the day before the pick-up date provided. Cats are only bathed upon request.

COMMON BOARDING AILMENTS

We would like to know how to proceed if your pet develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your pet's comfort and his/her ability to receive rapid medical treatment should problems occur. Some common ailments below describe what initial measures are taken by the staff to remedy the problem. Should your pet not respond to these initial measures, further treatment may be warranted.

Common Boarding Ailments	Initial measures taken for these ailments
Stress Colitis (diarrhea) (Cats and Dogs)	Fecal analysis, switch to bland diet
Kennel nose / Kennel paw (Dogs)	Clean area, apply topical antiseptic
Hot Spots (Dogs)	Clean and shave area, apply topical antiseptic
Ear Infection (Cats and Dogs)	Clean ears with non-medicated cleaner
No stool production (Cats and Dogs)	Evaluation by Veterinarian, lubricant, laxative
Vomiting (Cats and Dogs)	Switch to bland diet
Persistent lack of appetite (Cats and Dogs)	Change diet to stimulate appetite

Please select ONE of the following options:

- A) I give my permission to have Wise Owl Animal Hospital take initial measures to treat my pet(s) for the above conditions or another urgent medical issue (as deemed by the medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, **I do not need to be contacted first.**
- B) I give my permission to have Wise Owl Animal Hospital take initial measures to treat my pet(s) for the above conditions or another urgent medical issue (as deemed by the medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, **I would like to be contacted first.** I understand that if neither I nor my emergency contact is reachable, Wise Owl Animal Hospital will take the necessary steps to stabilize my pet(s) and alleviate pain and discomfort until I am able to be contacted.
- C) **I would like to be contacted before any measures are taken to treat my pet(s) for any condition,** including the ones listed above. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Wise Owl Animal Hospital will take the necessary steps to stabilize my pet(s) and alleviate pain and discomfort until I am able to be contacted.

The above conditions are clear, I have asked any questions necessary to fully understand the conditions above, and I understand that I am responsible for all costs incurred for any exams, diagnostics, and treatments provided. I also understand that there are inherent risks for my pet(s) while boarding.

Wise Owl Animal Hospital strives to provide a safe environment for all animals under their care, but I will not hold Wise Owl Animal Hospital liable for any injuries or adverse events related to my pet(s). I hereby consent and authorize Wise Owl Animal Hospital (WOAH), through its Doctors and staff, to prescribe, treat, anesthetize, or perform surgery; & in all ways treat/care for my pet(s). Should some lifesaving emergency care be required, WOA staff has my permission to provide treatment, and I agree to pay for such care.

I understand WOA will exercise all reasonable methods against injury, escape, and/or any/all other accidental trauma to the animal(s) described herein. WOA will not be held liable or responsible, in any circumstances on account of the care, treatment, or safekeeping of these animal(s). It is inherently understood that Wise Owl Animal Hospital cannot guarantee against accidents, and I assume all risk(s) and responsibility for any and all attacks or damage by my pet(s) while at this facility.

I understand that unless otherwise medically determined by a veterinarian, all animals staying at WOA must be current on vaccinations. The vaccinations required for dogs are DHPP and Bordetella; for cats, FVRCP+C. If any external parasites are found, they will be treated at my (owner's) expense as described in the Wise Owl Animal Hospital Payment Policy.

All costs, including hospitalization costs shall be paid upon release from WOA. If the pet(s) is/are not picked up within seven (7) days after the expected discharge date, and if WOA is not notified in writing within those seven (7) days, my pet(s) will be considered abandoned and disposed of as the Dr. sees fit. WOA under such circumstances is liable for nothing. It is understood that abandonment and/or surrender of my pet(s) does not relieve me from paying full price for all costs of hospitalization, services, and any/all collection costs (including, but not limited to, legal fees and/or court costs).

I understand the above measures are all employed to keep my pet(s) safe and healthy, should any unforeseen circumstances arise.

I have carefully read the above and agree:

Client Signature: _____

Date: _____

****BOARDING APPOINTMENTS REQUIRE A 50% Deposit****
We accept cash, check, debit, Visa, MasterCard, Discover and Care Credit.

Additional Pet(s) Information

Pet's Name _____

DOB/Age: _____ Species: _____

Breed: _____

Sex: Male Female Fixed? Yes No

Is this pet up-to-date on vaccines? Yes No

Brand of Flea/Tick Treatment: _____

Last Given: _____

Medications? Yes No Bath? Yes No

Pet's Name _____

DOB/Age: _____ Species: _____

Breed: _____

Sex: Male Female Fixed? Yes No

Is this pet up-to-date on vaccines? Yes No

Brand of Flea/Tick Treatment: _____

Last Given: _____

Medications? Yes No Bath? Yes No

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Pet's Name _____

DOB/Age: _____ Species: _____

Breed: _____

Sex: Male Female Fixed? Yes No

Is this pet up-to-date on vaccines? Yes No

Brand of Flea/Tick Treatment: _____

Last Given: _____

Medications? Yes No Bath? Yes No

Boarding Multiple Pets:

Would you like any of your pets to stay in the same enclosure for boarding? Yes No

If yes, please indicate which pets you would like to "room together": _____

Additional Pets' Food & Medical Information

Pet's Name	Number of Times Fed per day	Amount per Meal	Medication Name	Dose (eg. 1 pill, ½ pill)	Frequency & Time Last Given

Patients that have medications administered while boarding will be charged a daily Medical Administration Fee