

# REGISTRATION

Owner's Name \_\_\_\_\_  
Spouse/Co-Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Owner Work Phone \_\_\_\_\_ Spouse/Co-Owner Phone \_\_\_\_\_  
Emergency Contact Name & Phone \_\_\_\_\_  
Pet Name \_\_\_\_\_ Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Male  Female  Neutered/Spayed? \_\_\_\_\_ If so, when? \_\_\_\_\_  
Is your pet microchipped? \_\_\_\_\_ If so, type & registration #? \_\_\_\_\_

## PET HEALTH HISTORY

Has your pet been seen previously by a Veterinarian for vaccinations or medical treatment? \_\_\_\_\_ If so, may we obtain records? \_\_\_\_\_ Name of Clinic or Veterinarian \_\_\_\_\_ City/State \_\_\_\_\_  
Reason for today's visit? \_\_\_\_\_

**Please check any Medical/Behavioral Symptoms you have noticed at home.**

<input type="checkbox"/> Lack of appetite/water intake	<input type="checkbox"/> Discharge from eyes/nose	<input type="checkbox"/> Scratching/chewing	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Activity decreased	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Shaking head	<input type="checkbox"/> Destructive behavior
<input type="checkbox"/> Depressed	<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Excessive barking
<input type="checkbox"/> Weight loss	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Hair loss	<input type="checkbox"/> People/animal aggressive
<input type="checkbox"/> Weight gain	<input type="checkbox"/> Straining to urinate	<input type="checkbox"/> Skin irritation	<input type="checkbox"/> Difficulty housetraining
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Straining to defecate	<input type="checkbox"/> Bad breath	<input type="checkbox"/> Housetrained pet urinating or defecating in inappropriate places.
<input type="checkbox"/> Vomiting		<input type="checkbox"/> Limping	
<input type="checkbox"/> Other _____			

How did you find out about Boat Club Road Animal Hospital? \_\_\_\_\_

Vaccination history (date & type of last vaccines) \_\_\_\_\_  
Given by? \_\_\_\_\_

Please list your pet's current medications (include heartworm & flea preventives) \_\_\_\_\_

Has your pet ever had an adverse reaction to a medication, vaccination, anesthesia, food, etc.? \_\_\_\_\_ If so, please describe. \_\_\_\_\_

Any previous serious illness or surgery? \_\_\_\_\_

Tell us about your pet's diet. \_\_\_\_\_

Are there other pets in the household? \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the Veterinarian to examine, prescribe for, &/or treat the pet described above. To assure the protection of all animals entering this facility, your pet will be checked for fleas/ticks and treated, if needed. I assume responsibility for all charges incurred in the care of this animal. I also understand that payment is due at the time of release and that additional charges may be incurred if not paid. I also understand there will be a \$25 returned check fee for any insufficient checks.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

## **Boat Club Road Animal Hospital and Resort for Pets** **Owner's Agreement**

### **Grooming Policy**

We want your pets grooming experience here to be pleasant and as enjoyable as possible. It is important to understand that every effort will be made to provide the best grooming service for your pet(s). Heavily matted pets are at higher risk of injury due to the condition of their coat. As a pet owner, by signing this agreement you are holding harmless Boat Club Road Animal Hospital and Resort for Pets owners, operators, employees, officers and directors, from any damage, loss or claims arising from any pre-existing conditions such as matting or poor coat condition. In the event of an emergency, I authorize this establishment to obtain necessary treatment for my pet(s) and I agree to pay all cost incurred. \_\_\_\_\_(initial)

### **Health, Vaccination & Intestinal Parasite Policies**

To ensure the protection of all pets under our care, the following vaccinations and parasite testing must be up-to-date:

**Dogs** - Rabies, DA2P-PV, and a negative fecal test within the last year as well as a Bordetella (given every 6 months).

**All Cats** – Rabies, FVRCP and a negative fecal test. **Cats** with any outdoor exposure are required to be current on FeLV.

If not up-to-date or unable to provide proof of vaccination and/or required lab work at the time of drop off, I give permission to update my pet to meet the required policies. \_\_\_\_\_ (Initial)

I understand and agree that as the pet's owner it is my responsibility to make the staff of Boat Club Road Animal Hospital and Resort for Pets aware of any and all medical/health and behavioral issues such as aggressive or threatening behavior towards any person or any other animals. \_\_\_\_\_ (Initial)

### **Boarding Policies**

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed on the Boarding Agreement regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

\_\_\_\_\_(Initial) Please perform whatever services the doctor deems necessary for the best care of my pet(s) until someone can be reached.

OR

\_\_\_\_\_(Initial) Do not administer any medical treatment until specific authorization is given.

If your pet(s) becomes ill while staying with us we will remove them from general population and they will be cared for in the hospital. Veterinarian instructions will be given to staff members for the care of pets placed in the hospital.

Even with the advancements in vaccines and preventive medicine, we cannot guarantee complete coverage of all acquired or transmissible disease. If you have any questions about the medical risks involved with boarding your pet(s), please ask to speak with a veterinarian. I have read and understand this agreement. I fully intend to pick up my pet(s) on the specified date. If circumstances change, I will notify the veterinarian or a staff member of a new pick-up-date. \_\_\_\_\_ (Initial)

### **Flea & Tick Policy**

To assure the protection of all pets under our care, every animal will be checked for fleas and ticks upon arrival. I give permission for my pet(s) to be treated for fleas and/or ticks if found. \_\_\_\_\_(initial)

(please see back of form)

**Other Policies**

I understand and agree that Boat Club Road Animal Hospital and Resort for Pets staff and volunteers will not be liable for any problems that develop regarding my pet(s). I hereby release Boat Club Road Animal Hospital and Resort for Pets, its employees, agents, and volunteers from any liability of any kind whatsoever arising from my pet(s) care and participation at Boat Club Road Animal Hospital and/or Resort for Pets, or in connection with any casualty occurring to my pet(s) or any person, including myself. [redacted] (Initial)

I understand that I am solely responsible for any harm caused by my pet(s) while my pet(s) is/are present at Boat Club Road Animal Hospital and Resort for Pets. And I further agree that I am solely responsible for any and all acts or behavior of my pet(s) while in the care of Boat Club Road Animal Hospital and Resort for Pets. [redacted] (Initial)

I agree that my pet(s) may be video taped, photographed, and recorded. Boat Club Road Animal Hospital and Resort for Pets shall be the exclusive owner to the results and all proceeds of such tapings, photography, and recordings with the rights, throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license to others in any manner. I further agree that my pet(s) may be used in any and all media and in the promotion, advertising, sale, publicizing, and exploitation of Boat Club Road Animal Hospital and Resort for Pets. [redacted] (Initial)

All payment is due at the time of services rendered. If picking-up a boarder on Sunday, I agree to leave payment on file with Boat Club Road Animal Hospital and understand that the payment will be processed the Monday following pick-up. [redacted] (Initial)

**I certify that I have read and understand the policies set forth on the preceding pages and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all terms, conditions, and statements of this agreement.**

Signature of Owner/Responsible party \_\_\_\_\_ Date \_\_\_\_\_

**Admitted by Staff member** \_\_\_\_\_  
Revised July 2013