

## Lodging Admission Form Oak Hill Veterinary Care and Pet Resort

Pet's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Package: \_\_\_\_\_

Bath (if yes list type and size): \_\_\_\_\_

Day IN: \_\_\_\_\_ Day Out: \_\_\_\_\_

Pet's Weight (for staff to complete) \_\_\_\_\_

**Diet (Select One):**

{ } Owner provided food: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Once daily { } or Twice daily { }

{ } Hospital Provided food fed by weight Once daily { } or Twice daily { }

Any food allergies: No { } or Yes { } : List \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

**Medications:** All medications must be in original prescription bottle. Please List names and instructions below:

Medication name	Dose	How many times a day	Have you already given a dose today?	Other information:

**Personal Items:** We ask that you minimize personal items left with your pet while lodging. Bedding will be provided. Oak Hill is not responsible for any items brought that may become lost or damaged. We ask you take home leashes and collars while your pet is lodging.

List any items brought: \_\_\_\_\_

**Ancillary Services while lodging:**

Please indicate any additional Veterinary Services you have scheduled or would like for your pet to receive while your pet is lodging: (Vaccinations, Surgery, Dental, Blood Work, ear cleaning, Nail Trim, Anal Gland Expression, Bath):

\_\_\_\_\_

\_\_\_\_\_

I understand that animals in group settings, such as lodging, grooming and group play are exposed to common illness, similar to that of humans. I agree to assume the risks and hazards that may be expected to arise from lodging around other animals. In order to protect our patients from infectious disease, we require that all animals entering the hospital show proof of current vaccinations through a licensed veterinarian for the following diseases:

**Feline:** FVRCP, Rabies

**Canine:** DAPP, Bordetella, Rabies, Negative Fecal, Influenza recommended

**I UNDERSTAND MY PET WILL BE VACCINATED AS REQUIRED IF NOT PROVEN CURRENT.**

I hereby authorize Oak Hill Veterinary Care and Pet Resort to lodge my pet during the dates listed above. As the owner/ agent of said pet, I realize that I am responsible for the lodging and any other associated costs and that these fees are to be paid in full at the time the pet is discharged. I understand that I need to notify Oak Hill if there is to be any change of plans in pet's scheduled release date.

I understand that I am in agreement with the above form and the lodging policies of Oak Hill Veterinary Care and Pet Resort.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check In By: \_\_\_\_\_ Scanned by: \_\_\_\_\_ (for Oak Hill Lodging Staff Only)

**THIS SIDE TO BE COMPLETED BY OAK HILL STAFF ONLY**

**To be completed/initialed by Reception staff:**

- \_\_\_\_\_ Marked pet arrived and noted Kennel Staff name in boarding comments of who checked pet in
- \_\_\_\_\_ All required paperwork completed
- \_\_\_\_\_ Cage Card printed and given to Kennel Staff upon arrival
- \_\_\_\_\_ Vaccine Record attached to admission sheet
- \_\_\_\_\_ Forms Scanned

**To be completed/initialed by Kennel staff:**

- \_\_\_\_\_ Reviewed Lodging Admission form with client
- \_\_\_\_\_ Additional verbal information from owner noted on admission form
- \_\_\_\_\_ Weighed pet and noted on front of the admission form
- \_\_\_\_\_ Medications noted on whiteboard - then checked in and given to LVT/Vet Assistant
- \_\_\_\_\_ Document

**To be completed/initialed by LVT or Vet Assistant:**

- \_\_\_\_\_ Weight updated in pet's chart
- \_\_\_\_\_ Reviewed records and made sure all required vaccines are up to date

CANINE		FELINE	
DAPP/DHLPP		FVRCP	
BORDETELLA		RABIES	
RABIES			
NEGATIVE FECAL			

- \_\_\_\_\_ Vaccines to be done while boarding noted on white board in treatment area/added to tech schedule
- \_\_\_\_\_ SOC updated
- \_\_\_\_\_ Reviewed medications and placed in proper location in treatment area/filled out medication log
- \_\_\_\_\_ Admission form given back to Lodging Staff (name)\_\_\_\_\_