



**Peninsula Animal Hospital**

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**\*Boarding Intake and Consent**

**Date:** \_\_\_\_\_

Welcome! Thank you for trusting us to board your pet with us. We are truly pleased to be your pet's safe spot while you are away. Our staff will care of your pet as if they were our own!

If your pet is new to us or is due for an annual exam, we require that the doctors examine your pet to ensure the best care while boarding.

Please call anytime for an update on how your pet is doing. We are happy to accommodate you if your plans change so please let us know as soon as you do when that is the case. Thank you!

|                         |       |                          |       |
|-------------------------|-------|--------------------------|-------|
| <b>DATE OF INTAKE:</b>  | _____ | <b>TIME OF DROP-OFF:</b> | _____ |
| <b>DATE OF PICK-UP:</b> | _____ | <b>TIME OF PICK-UP:</b>  | _____ |

**CLIENT AND EMERGENCY CONTACT INFORMATION:**

|                                   |  |                     |  |
|-----------------------------------|--|---------------------|--|
| <b>Client Name:</b>               | _____  |                     |  |
| <b>BEST Contact Number(s):</b>    | <b>H:</b> _____<br><b>M:</b> _____<br>Other: _____ |                     |  |
| <b>Email: (For Updates)</b>       | _____  |                     |  |
| <b>EMERGENCY CONTACT:</b>         | <b>Name:</b> _____                                 | <b>Phone:</b> _____ |  |
| <b>Other special information:</b> | (Authorizations, etc.)                             |                     |  |

**PET INFORMATION:**

|                           |       |                       |   |
|---------------------------|-------|-----------------------|---|
| <b>Pet Name / PAH ID:</b> | _____ | <b>Breed / Color:</b> | _____                                   |
| <b>Age / Sex:</b>         | _____ | <b>Last Weight:</b>   | _____                                   |
| <b>Weight today:</b>      | _____ | <b>Intake TPR:</b>    | Temp: _____ Pulse: _____<br>Resp: _____ |

**PET CARE INFORMATION:**

|                             |                                 |                 |       |
|-----------------------------|---------------------------------|-----------------|-------|
| Items dropped off with pet: | _____                           | _____           | _____ |
| Diet Type:(circle one)      | In house: Gastrointestinal Diet | Owners: (Brand) | _____ |

|                                |                                  |                    |       |
|--------------------------------|----------------------------------|--------------------|-------|
| Feeding Schedule: (circle one) | Once / Twice / Three Times / Day | Last Fed:          | _____ |
| *Flea Control:                 | Type: _____                      | Last Administered: | _____ |

\* If your pet is not current on flea prevention, our policy is to be certain that all pets are protected while in our care, so we will administer the appropriate and safest flea control medication while your pet is here. Please ask us if you have any questions about this policy.

**PET MEDICATION INFORMATION:** (Please note that there is a small daily fee for oral or injectable medications)

| Name of Medication: | Refill needed? | Dose: (mg or mL) | Times to give: (please be specific) |
|---------------------|----------------|------------------|-------------------------------------|
| 1. _____            | Y or N         | _____            | _____                               |
| 2. _____            | Y or N         | _____            | _____                               |
| 3. _____            | Y or N         | _____            | _____                               |
| 4. _____            | Y or N         | _____            | _____                               |

**PET MEDICAL HISTORY AND CARE REQUESTS:**

While your pet is with us, we are happy to perform any Annual exams, Vaccines, or other procedures, including Labwork and Dentistry at your request.

|  |  |
|--|--|
| Does your pet have any of these symptoms? (circle) | Vomiting / Diarrhea / Abnormal Stools / Coughing / Sneezing / Itching / Licking / Scooting / Drinking excessively / Urinating excessively / Abnormal urination / Lameness / Pain |
| Other concerns you may have about your pet:        | _____<br>_____   |
| REQUESTS while my pet is boarding:                 | _____<br>_____   |
| BATHING instructions: (circle)                     | No Bath / Bath before pick-up / Nail trim / Anal gland expression  |
| Walking instructions for Dogs: (circle)            | Separate walks and playtimes / Walk and supervised play with other socialized dogs   |
| Special instructions: (please specify)             | _____<br>_____   |

**OWNER or AUTHORIZED AGENT CONSENT:**

*I hereby authorize the veterinarians of Peninsula Animal Hospital (PAH) to diagnose and treat any medical problems that may occur or be noticed during my absence, including boarding or separation anxiety.*

*I understand that medical issues may arise during the boarding period that remain undetected until my pet returns home.*

*I understand that although the PAH staff will do their best to return toys to other items that I have left at PAH with my pet, these may be damaged or lost on rare occasions.*

*I trust and expect the staff and doctors at PAH to use reasonable judgment for the best care of my pet during boarding.*

**Date:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Authorized Agent for Owner:** (if different than owner)

**SIGNATURE:** \_\_\_\_\_