

PROVIDENCE VETERINARY HOSPITAL

2304 PACIFIC AVENUE/1409 WEBSTER STREET
ALAMEDA, CA 94501

FOR OFFICE USE ONLY:

LAST EXAM: _____

VACCINES VERIFIED: _____

FLEA CHECK: _____ **FLEAS:** _____

Entry Date: _____ **Pick-Up Date:** _____ **(Closed Sundays and Holidays).**

Please note that changes to the reservation require 24 hours notice and we may not be able to accommodate all requests.

PROVIDENCE VETERINARY HOSPITAL provides boarding services for our clients. All boarders must have been examined by one of our veterinarians in the last year. This enables us to be aware of physical changes and temperament. All pets must be current on their vaccinations and we must have written proof on file prior to admission. Pets must also be free of fleas or a flea treatment will be applied at an **additional charge**.

Pet is to be fed: own food regular special diet: _____

Amount to be given at each meal: _____

If more than one pet from your household is boarding, can they be caged together? yes / no

If more than one pet from your household is boarding, can they be fed together? yes / no

Is your pet allowed to have treats? yes / no

PROVIDENCE VETERINARY HOSPITAL feeds Hills Prescription Diet and Science Diet products twice daily. If you prefer, we will feed your pet's diet which you bring from home.

What **medications** are to be administered for your pet and what **dosage**? PROVIDENCE VETERINARY HOSPITAL will give routine medications for an **additional daily cost**.

Are any more medications due today? _____

ROUTINE MEDICAL CARE:

While your pet is boarding, are there any services that we can perform?

_____ Physical Exam What are your concerns? _____

_____ Vaccines

_____ Bath (Schedule permitting). Baths are given the day of departure and pick up is after 3:00pm

_____ Nail Trim

_____ Advantage Application

_____ Dental Prophy +/- Lab Work

_____ Microchip

_____ Other _____

If we find **non-emergency health problems** (e.g. ear infection, hot spot)

_____ Please go ahead and treat my pet

_____ Try to contact me first. If I cannot be contacted, go ahead and treat my pet.

_____ Don't treat my pet unless you can contact me first.

The following **personal belongings** are being left. PROVIDENCE VETERINARY HOSPITAL **accepts no responsibility** for these items. Pets often damage or destroy them.

In case of an emergency, how do we reach you?

Telephone _____ Other _____

In the event of a life-threatening situation, if I cannot be contacted after a reasonable effort is made, I authorize PROVIDENCE VETERINARY HOSPITAL to perform **necessary** treatment up to the amount of \$_____.

Owner/Owner's Authorized Representative

Date