



Medical Boarding Patient Information Sheet

Client Last Name:	Client First Name:	Client ID#:
Patient Name:	Breed:	
Check In Date:	Check Out Date:	
Phone Numbers where you can be reached:		

Please provide an Emergency Contact in the event we are not able to reach you by phone:

Name:

Phone Number:

Personal Items – please list ALL personal items (toys, bedding, etc.) that you are leaving with your pet. ALL items must be labeled. **Please note: MCAH is not responsible for lost or damaged items.**

Veterinary Services – Please indicate additional veterinary services you would like performed while your pet is with us

- Administer any vaccines due within next 30 days Toenail Trim Suture Removal
- Complete any recommended lab work: Heartworm Test Bloodwork Urinalysis Fecal Screening
- HART Laser Treatment _____ sessions HART Underwater Treadmill _____ sessions
- Physical Exam - Reason: _____
- Other _____

Grooming Services – Please indicate which grooming services you would like performed while your pet is with us

- Bath Clip Dip Other _____ Note: Pick up groomed pets after 3 PM (2 PM on Saturdays)

Excessive Barking – due to local ordinances, MCAH monitors and manages excessive barking.

- N/A Cat Boarding
- I DO authorize the use of a Bark Collar as needed for excessive barking.
- I DO NOT authorize the use of a Bark Collar as needed for excessive barking.

Feeding – Please provide clear feeding instructions

Please feed MCAH Diet (Purina)

I have provided my own food: _____

My pet was last fed at _____

Dry food: _____ cups in AM _____ cups in PM Wet food: _____ cups in AM _____ cups in PM

Medical Care – Please provide clear medical care instructions

Medications	Dosage	Frequency	Notes
1)			
2)			
3)			
4)			

Medical Treatment – Please provide any special instructions regarding treatments, diabetic management, etc.

Medical Treatment Authorization

All boarding patients are carefully monitored throughout their stay with us. If we observe any minor conditions which we feel may require medical evaluation and treatment (such as GI upset, mild skin irritations), please advise how you would like us to proceed.

- Please call me to authorize any treatments that would incur additional costs.
- Treat as the Veterinarian feels necessary. I understand that additional charges may be incurred. I pre-authorize additional charges not to exceed: \$_____

For Diabetic patients: In the event that your pet does not eat regular meals, we will check your pet's blood glucose level prior to administering insulin. Additional charges per check are as follows: \$10 with owner-provided supplies, \$16 with MCAH-provided supplies.

I agree to pay all charges incurred in full upon discharge of my pet.

Client Signature _____ Date: _____