



Welcome to Oakwood Hills Animal Hospital Boarding!

On behalf of the staff and doctors, we wish to make your pet's stay with us as close to their home routine as possible.

Acknowledging the fact that you may be in a hurry when dropping off your pet, we ask that you provide the following information. Please bring this with you the day of check in or FAX to 715-835-8918.

For your pet's protection, we require current verifiable vaccinations (DA₂PP or FVRCP, Rabies, and Bordetella for dogs only). A fecal sample must have tested negative for intestinal parasites within the previous 12 months.

Client Name: _____ **Pet Name:** _____

Consent Form Date: _____ Expires on: _____

*Consent forms need to be reviewed at each visit and a new form will be issued every 6 months.

Feeding instructions:

Bringing own food - Brand _____ Feed food provided by OHAH (Royal Canin GI)

How much do you feed? _____ How many times daily? _____

Medications: List current medications and supplements with instructions below. Please bring all medications and supplements in original bottles with the original labels.

Prescribed medications:

Medication: _____ Strength: _____ Frequency: _____

Medication: _____ Strength: _____ Frequency: _____

Medication: _____ Strength: _____ Frequency: _____

Please use additional sheet if more instructions are required. Extra charges may apply.

Supplements or Non-prescription medications:

Medication: _____ Strength: _____ Frequency: _____

Medication: _____ Strength: _____ Frequency: _____

When is the next dose of medication due: Now Noon Tonight

specific time(s) _____

Medications will be administered at approximately 7:00am and 7:00pm each day.

Continue to other side>>>

Does your pet need anything else done or brought to our attention during his/her stay?

Nail trim (\$31.00) Fecal Sample Vaccines Exam

Please write down phone number (s) where you can be reached.

In the event that we cannot contact you by phone, please provide us with an emergency contact person with the ability to make decisions about your pet's care.

Name of Emergency Contact _____ Relationship _____
Phone: _____ Cell Phone: _____ Work Phone: _____

Please provide the name of the person who will be admitting your pet or picking up your pet, if other than yourself.

Admitting _____ Picking up _____

BELONGINGS/TOYS BROUGHT WITH PET - Animal Care Giver will fill out this section.

ADDITIONAL COMMENTS: _____

Unless otherwise specified, any animal that during the course of boarding is found to be ill, will be treated at the attending doctor's discretion and at the owner's expense.

We ask that you please pick up your pet after 9:00AM to allow time for bathing prior to release.

Client Signature

Date

Oakwood Hills Animal Hospital strongly encourages all patients staying at our facility to be maintained on year-round intestinal parasite control and flea and tick control. In addition, our hospital recommends that all dogs allowed outdoors be vaccinated for Lyme disease.

We will ask that this form be updated every 6 months. If there are significant changes in care requirements, forms need to be updated more frequently.