



Cumberland

Animal Clinic

1860 Spring Road

Smyrna, GA 30080

Boarding Admission Form

Client name(s): _____ Patient name: _____

Owner phone number: (_____) _____ Expected discharge date: _____

Alternative contact phone number(s): (_____) _____ (_____) _____

*Emergency contact name and number (other than owner): _____ (_____) _____

*will only be used if we cannot reach the owner in event of an emergency

If your pet is to be picked up by someone other than yourself, please list their name(s) below

Contact name(s): _____

1) In the event of illness or injury, do you prefer that we (choose ONE):

- Contact emergency number PRIOR to any treatment
- Provide emergency medical attention AS NEEDED
- Treat my pet as needed, but DO NOT EXCEED \$ _____

Signature: _____

2) Are your pet's vaccines current or do we need to update them?

- Current, place given _____ Needs to be updated, please update while here

*All boarders must be current on all vaccinations (with the exception of pets with a valid medical issue.)

3) Is your pet aggressive toward people and/or other pets? Yes No *If Yes please specify: People Cats Dogs

Has your pet ever bitten anyone? Yes No

4) Is your pet an escape artist? Yes No

5) How often does your pet eat? Free Fed OR Scheduled Feeding: Once daily Twice daily Three times daily

If scheduled feeding, what quantity does your pet eat total per day, and how is it divided?

DRY FOOD _____ cup(s) → Divided into: AM _____ cup(s) Mid-day _____ cup(s) PM _____ cup(s) and/or

WET FOOD _____ can(s) → Divided into: AM _____ cans(s) Mid-day _____ cans(s) PM _____ cans(s)

How many feedings has your pet already had today? _____ DRY and/or _____ WET

6) Please check any of the following services you would like performed while your pet is boarding:

- Annual vaccinations and Exam Apply/administer flea medication (Describe _____)
- Nail trim Express anal glands Lab Work/X-rays Dental cleaning (Please complete the surgery release form)
- Other (please specify): _____

7) Is your pet taking any medication that our technicians need to administer while boarding? Yes No

If yes, what and how often: (if more than two, please attach a list of additional medications)

Medication name(s) & dosing: 1.) _____ 2.) _____

**How many doses has your pet already had today? 1.) _____ 2.) _____

8) Please let us know what you are leaving with your pet (provide description of item(s) on line provided):

- Food _____ Treats _____ Bedding, etc _____
- Meds (listed above) Collar _____ Leash _____ Carrier _____ Toys _____
- Other _____

*Please do not leave any items of value with your pet. CAC is not responsible for lost items.

9) Is there anything else you would like us to know?

- * If parasites and/or fleas are found on the pet during the stay, they will be treated as Cumberland Animal Clinic determines, and the cost of the treatment(s) will be added to the total bill.
- * All reasonable precautions will be used to prevent injury and escape of the pet. Cumberland Animal Clinic is not responsible for the actions of the pet that may cause injury and/or escape.
- * All pets not picked up within 7 days after the scheduled departure date, unless otherwise notified, will be considered abandoned. Cumberland Animal Clinic reserves the right to find proper placement for the pet.

Signature: _____ Date: _____