Destin Animal Clinic

Client Name (Last,First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph Number\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_

Pets Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_

Persons authorized to pick up animal other than listed owners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reservation Dates: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List personal belongings that are staying with your pet this stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions or allergies we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS**: There is a $2.00 medication administration fee daily. If more than 3 medications please provide a

detailed list. **Medications must be in original prescription bottles for us to administer.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of medication** | **Dose of medication** | **Instructions (please circle to indicate instruction)** | **Last time given** |
|  |  | By mouth Over food Eye Ear Topical (location)\_\_\_\_\_\_\_\_\_\_\_ Once daily Twice daily Three times per day Every other day As needed for\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_  |  |
|  |  | By mouth Over food Eye Ear Topical (location)\_\_\_\_\_\_\_\_\_\_\_ Once daily Twice daily Three times per day Every other day As needed for\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_  |  |
|  |  | By mouth Over food Eye Ear Topical (location)\_\_\_\_\_\_\_\_\_\_\_ Once daily Twice daily Three times per day Every other day As needed for\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_  |  |

**FEEDING INSTRUCTIONS**

[ ] Kennel Supplied Food (Science Diet) Frequency of feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

 OR

[ ] Owner Supplied Food (type):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of food per feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BATHING SERVICES, please circle for desired services**

(All bathing includes nail trimming, ear cleaning, and anal gland expression)

Bathing – Regular Hypoallergenic Prescription Medicated Shampoo

Nail Trim ONLY Ear Cleaning ONLY Anal Gland Expression ONLY

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BOARDING BEHAVIOR**

If multiple pets boarding- Do you want them to board together in same kennel?

\*If pets are observed being aggressive towards each other they will be separated and you will be charged for separate kennels. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet display aggression when inside a kennel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any concerns of food aggression? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet ever bitten anyone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet like toys? Can your pet have toys in the kennel at all times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet destroy cloth bedding or toys? If your pet is known to chew/destroy bedding we will not use in kennel due to ingestion risks. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet known to escape or jump fences greater than 5 feet tall? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female pets only: Is your pet in heat or expected to be in heat during their stay with us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog experience thunder storm anxiety? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOARDING AGREEMENT**

We require written proof or phone confirmation from your veterinarian for **Rabies,** **DHPP, Bordetella, Canine Influenza, and Intestinal Parasite Screening**. If unable to provide proof before close of business on arrival day at Destin Animal Clinic a veterinarian will provide a comprehensive physical exam and administer appropriate vaccines/services. **Charges for these services are your financial obligation.** Your pet must be free of internal and external parasites upon entry to our facility. **If parasites are discovered we will treat your pet at your expense**. Please note that most vaccines take 14 days to stimulate optimal immunity & all pets should be vaccinated before boarding entry.

If vaccinated upon entry I realize my pet may contract an infection and it is beyond Destin Animal Clinic’s control. Just like in children day care services, if <animal> becomes sick at any time in our facility or after leaving our facility, medical treatment expenses are my responsibility as the owner.

We never like to think that things will or could happen while under our care, but there are things we cannot control or predict. We will do everything possible to prevent such happenings. Should a problem arise, we need your permission to treat your pet with the utmost care, whether it is medical treatment or even surgery. Your signature below authorizes the treatment deemed necessary by our veterinarians and acknowledgement that the associated charges are your responsibility at the time of the discharge invoice. Accounts not paid with in terms are subject to a 10% monthly finance charge. Thank you for understanding.

**By signing below, I agree, understand and approve of the terms of stated polices. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number you can be reached during your pets stay with us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please leave an Emergency contact other than yourself. We will always attempt to contact you first. This is very important in case of medical emergencies.**

## Is Emergency contact allowed to make medical decisions about your pet? YES NO

4003 Commons Dr.-Destin FL, 32541 - 850-837-2931