

Gentle Care Animal Hospital
1365 Thomas Jefferson Road
Forest, VA 24551
(434)-534-9894



BOARDING INFORMATION FORM

Drop off and pick up times: 7:30 AM to 6:00 PM Mon.-Fri and 8:00 AM to NOON Sat
There is NO Sunday or holiday pickup available. Payment is due when your pet is picked up.

All items left with your pet WILL BE labeled with a permanent marker.

We will not be responsible for lost or damaged items.

Owner: _____ Pet: _____

Drop off date: _____ Anticipated pick up date: _____

Please answer all questions completely so that we may provide the best care for your pet.

If you are unsure about a question, please do not hesitate to ask any one of our staff to assist you.

REQUIREMENTS TO BOARD: Proof of current vaccines and a negative fecal within the past 12 months are required to board here. Pets must also be free of fleas and ticks or WILL BE treated at the owner's expense. This is for the health and safety of all boarders and hospital staff.

REQUIRED VACCINES: Canines: Distemper/Parvo Combination, Bordetella and Rabies

Felines: Distemper/Upper Respiratory Combination and Rabies

ANY vaccines due within the calendar month of the pet's stay (regardless if it falls after the boarding date) are considered DUE. ANY boarders not in compliance with the above will be updated at the owner's expense. **ANY boarders found to have fleas, ticks or internal parasites will be treated at the owner's expense. ANY boarders who soil themselves will be bathed at the owner's expense.** We want to maintain a clean, comfortable, and healthy environment for your pet.

FEEDING: My pet gets fed _____ time(s) each day. I give _____ cup(s) of dry and _____ can at each meal. (If you do not know the exact amount, please estimate-i.e. 1TBS, ¼ can, whole can, etc.). My pet last ate _____. My usual brand is _____

Some pets must remain on a special diet for health reasons, or to avoid diarrhea from diet changes. Is your pet on a special diet? _____ If so, did you bring it with you? _____

MEDICATIONS: You must bring your pet's medications with you in their original containers please. If it is a medication we dispense from our pharmacy, then we may be able to refill if necessary. Please be sure other prescriptions will not run out during your pet's stay. We WILL NOT be responsible for refilling any medications we do not carry here. Please list all medications below.

DRUG _____	TIMES PER DAY _____	LAST GIVEN _____
DRUG _____	TIMES PER DAY _____	LAST GIVEN _____
DRUG _____	TIMES PER DAY _____	LAST GIVEN _____
DRUG _____	TIMES PER DAY _____	LAST GIVEN _____

If your pet is taking more than 4 medications, please ask the receptionist for assistance.

EMERGENCIES: In an emergency (such as serious illness or injury), we will make every effort to reach you or your emergency contact prior to initiating therapy. We WILL NOT withhold necessary treatment if we cannot reach you. Minor problems (such as mild diarrhea from changes in routine, a broken toenail, etc.) will be treated as needed without attempting to contact the owner or emergency contact. Owner is responsible for treatment and the expense of said treatment and any medications dispensed.

Telephone number owner can be contacted at: _____

Local emergency contact: Name _____ Phone # _____

CONVENIENCE: Many procedures can be performed during your pet's stay here. Please INITIAL below if you would like any of these procedures done. There is an additional charge for all of these services. If your bath/grooming was not scheduled at the time your boarding appointment was made, we CANNOT guarantee that time will permit it. Please call prior to pickup if your pet is having things done to ensure those items have been completed and your pet is ready to go.

Bath (includes clean ears, express anal glands & nail trim) _____ Nail Trim Only _____

Express anal glands _____ Grooming (includes bath, hair cut, clean ears, express anal glands & nail trim) _____

Update any vaccines, etc. due in the next 3 months _____ Other requests _____

PERSONAL PROPERTY: Please list and label all carriers, toys, food, medications, etc. that you brought. We ask that you not leave bedding or bowls- ours are sized to fit the spaces available, and can be sanitized.

I have read and agree to all of the above and accept responsibility to pay upon pickup.

Signature _____

THIS SIDE OF THE FORM IS TO BE COMPLETED BY GCAH STAFF ONLY

To be completed by reception staff:

- Invoice the first night of boarding. _____ If the pet is less than 60 pounds but boarding in a run, delete “over 60 pounds” when you invoice the first night. _____
- Did the owner give us ANY type of written or verbal instructions separate from this boarding form? Yes / No If so, write here. _____
- If the owner has requested bath or grooming, put in the computer on Groomer’s schedule _____
- Write on check-in report and cage card which specific ward and cage pet is boarding in _____

Items brought by owner

To be completed by kennel staff:

- Weigh the pet _____ Circle one: treatment scale / hallway scale _____
- List EVERY item the pet brings on the lines beside this section _____
- List EVERY item the pet brings on the dry erase board in food prep _____
- Make sure each item is labeled with the pet’s first and last name. _____

To be completed by assistant/LVT staff:

- Make sure all required vaccines are up to date. Initial each box below for each boarding requirement you have confirmed is current.

Canine		Feline	
DHLPP		FEVCR	
BORD		RABIES	
RABIES		NEGATIVE FECAL	
NEGATIVE FECAL			

- Check for any warnings in chart (Careful, Cautious, Chews Blankets, Animal aggressive) _____
- Make sure the cage is labeled appropriately. _____
- Write any vaccines, fecal, etc. that need to be done here and on the board.

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- Write the weight _____, date _____, and “Admit to board until (date)” in the chart. _____
 - Fill in the Feeding Guide according to owners instructions if they have brought their own food. If the pet will be eating our food, follow the weight guidelines found in the front of the Feeding Guide. _____
 - Make sure you check the Boarding Form that the owner has filled out to see if they have requested exam, bath, nail trims, etc. and put them here and on the board. _____
Exams go on the board for the day they come in. Nail trims will be done before pets go home. Baths are usually done on the day they go home and should be written on the correct groomer’s schedule in the grooming room _____, and in the computer. _____
 - Make up a treatment sheet if the pet has brought any type of medication with them. See a veterinarian if you have ANY questions about how to fill it out, how the medications are being dosed, etc. _____
 - Get treatment sheet approved by a LVT or a Veterinarian. _____