



Pet Name: _____	Description: _____
Date In: ____-____-____	Pick Up Date: ____-____-____
Estimated Pick up Time: _____	

## GoldenView Veterinary Hospital - Boarding Admission Form

*\*\* (Please note that we need a separate sheet for each pet.) \*\**

Owner: \_\_\_\_\_ Phone # during Camp stay: \_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_  
(If different from above)

The following are required annually for boarding; please verify at check-in what is due:

**Need to do now:** Physical Exam: \_\_\_\_\_ Fecal Exam: \_\_\_\_\_ Blood Work: \_\_\_\_\_ (Required for avian boarders only)  
*(Note: if this is your pet's first time boarding, additional items may be required.)*

**Has there been any illness or injury in the last 30 days?** No Yes (explain below)

\_\_\_\_\_

**If you are requesting a physical exam, please describe any concerns you have:**

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

### Services I request while boarding: (please check)

**Grooming:** Beak Trim \_\_\_\_\_ Wing Trim \_\_\_\_\_ Nail Trim \_\_\_\_\_ Microchip \_\_\_\_\_

Avian showers/misting (every other day at no charge): \_\_\_\_\_ Bath: \_\_\_\_\_ (**mammals only \$**\_\_\_\_)

Would you like us to cover your pet at night? \_\_\_\_\_

**Medication administration:** \_\_\_\_\_  
(\$6.60 per administration) \_\_\_\_\_  
What and when? \_\_\_\_\_

**Would you like to receive a text message with a picture\* while your pet is boarding?** Yes No

Cell phone number for text message (\_\_\_\_\_)\_\_\_\_\_. \*On average, every other day.  
Standard message rates may apply.  
Check with your carrier.

I wish to make a donation to **Annie's Fund** for toys for my pet while boarding. I understand these items will go home with my pet at the end of their stay (unless completely destroyed!) No Yes \$\_\_\_\_\_

**At Camp GoldenView, socialization is key to our service and interaction may include individual attention, verbalization, lunch with our staff, exercise and games.**

\_\_\_\_ I AUTHORIZE GVH staff to interact with my pet(s) in appropriate areas of the hospital. \_\_\_\_\_ (Initials)

\_\_\_\_ I DECLINE staff interaction other than feeding, cleaning, showers & weight checks. \_\_\_\_\_ (Initials)

Diet & Feeding Instructions:

Please write anything you have brought to feed or anything outside of GVH Mash or Pellets

MORNING:

GVH's bean mash, fresh fruit and vegetables (as applicable) Amount: Size-Appropriate Amount
Amount:
Amount:
Amount:
Amount:
Amount:

EVENING:

GVH Pellets (Harrison's Bird Food or Oxbow) Amount: Size-Appropriate Amount
Amount:
Amount:
Amount:

Special Feeding instructions:

When was your pet last fed?

Let us know if your pet is accustomed to something particular at home & we will strive to maintain this continuity during their stay.

I understand that in the event my pet becomes ill, the staff will attempt to contact me or my agent immediately to discuss the problem and treatment options. If I or my agent cannot be reached, I hereby authorize GVH to initiate appropriate treatment until I or my agent can be reached. Should an EMERGENCY arise, I authorize the medical staff to sedate/anesthetize my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be consulted.

I agree to pay, in full, for all charges for necessary services rendered to my pet. In the event of death of my pet, I understand that the staff will immediately attempt to contact me. If I am unreachable, I understand that the body will be held until I return to discuss body care and disposition.

I understand that the hospital is not responsible for loss or damage to personal items left with my pet, including, but not limited to, cages, dishes, toys, and bedding.

I will call if my pick-up date changes so GVH can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to proceed as you deem best and/or necessary.

OWNER RELEASE (only one signature needed for ALL pets left in our care for each boarding stay)

Owner/Agent: Date: