



RCAH TEAM

BOARDING ADMISSION FORM

PET NAME: _____ OWNER NAME: _____

CHECK-IN DATE: _____ CHECK-OUT DATE: _____ PHONE NUMBER: _____

MEDICAL SERVICES REQUIRED / NEEDED:		RABIES	DAPP	BORD	FECAL
MEDICAL SERVICES REQUESTED BY OWNER:		OTHER SERVICES REQUESTED BY OWNER:			
	owner	RCAH		owner	RCAH
EXAM:	_____	_____	CLEAN-UP BATH:	_____	_____
RABIES:	_____	_____	FULL BATH:	_____	_____
DAPP:	_____	_____	NAIL TRIM:	_____	_____
LEPTO:	_____	_____	ANAL GLANDS:	_____	_____
BORD:	_____	_____	OTHER:	_____	_____
HWT:	_____	_____			
FECAL:	_____	_____			
CIV:	_____	_____			
OTHER:	_____	_____	DAYCARE:	_____	_____
MEDICAL CONCERNS:					

I UNDERSTAND THAT RALEIGH COMMUNITY ANIMAL HOSPITAL IS A FLEA-FREE FACILITY, THUS IF MY PET HAS EVIDENCE OF A LIVE FLEA INFESTATION, RCAH WILL GIVE MY PET AN ORAL TABLET (NEXGUARD) THAT TREATS/KILLS FLEAS FOR 30 DAYS AND SUCH WILL BE CHARGED TO MY ACCOUNT. FURTHERMORE, DEPENDING UPON THE LENGTH OF MY PET'S STAY, MY PET MAY BE DUE FOR FLEA/TICK/HEARTWORM PREVENTATIVE, AND I HAVE PROVIDED FOR SUCH. **OWNER:** _____

I HAVE AGREED TO THE ABOVE SERVICES AND INFORMATION STATED ON THIS FORM. I HEREBY CONSENT AND AUTHORIZE RALEIGH COMMUNITY ANIMAL HOSPITAL TO PRESCRIBE FOR/OR PROVIDE TREATMENT FOR MY PET AS REQUESTED AND/OR IN THE EVENT OF AN EMERGENCY. IF I CANNOT BE REACHED BY PHONE, I GIVE PERMISSION FOR THE DOCTORS TO STABILIZE MY PET UNTIL I CAN BE REACHED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE TREATMENT OF MY PET AND PAYMENT IS DUE UPON PICK UP OF MY PET FROM RALEIGH COMMUNITY ANIMAL HOSPITAL. **OWNER:** _____

I UNDERSTAND AND AGREE THAT MY ANIMAL(S) MAY BE PHOTOGRAPHED OR VIDEOTAPED DURING THEIR STAY WITH RALEIGH COMMUNITY ANIMAL HOSPITAL. I FURTHER UNDERSTAND AND AGREE THAT RCAH SHALL BE THE EXCLUSIVE OWNER OF THE RIGHTS, RESULTS, AND PROCEEDS FROM SUCH MEDIA AND RCAH MAY FREELY, WITHOUT NOTICE, USE ANY SUCH MEDIA ON SOCIAL MEDIA WEBSITES FOR ADVERTISING, PROMOTION, OR FURTHERANCE OF ITS BUSINESS. **OWNER:** _____

I UNDERSTAND THAT THERE ARE INHERENT RISKS WITH BOARDING AND GROUP HOUSING/SOCIALIZATION OF ANIMALS. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO: CUTS, SCRAPES, BITES, SPRAINS, STRAINS, NICKS, SCRATCHES, EXPOSURE TO PARASITES AND TRANSFER OF A COMMUNICABLE ILLNESS, SUCH AS BUT NOT LIMITED TO: RESPIRATORY ILLNESSES AND/OR INFLUENZA. RALEIGH COMMUNITY ANIMAL HOSPITAL (RCAH) WILL NOT BE LIABLE FOR ANY HEALTH ISSUES THAT DEVELOP IN MY ANIMAL AND I HEREBY RELEASE THEM OF ANY LIABILITY OF ANY KIND WHATSOEVER ARISING FROM MY ANIMALS STAY AT RCAH.

OWNER SIGNATURE: _____ **DATE:** _____

emergency contact name: _____ **number:** _____

TECH EXAM UPON ARRIVAL:

EYES: CLEAR ABNORMAL **SKIN:** CLEAR ABNORMAL
TEETH: CLEAR ABNORMAL **FL/T:** CLEAR ABNORMAL
EARS: CLEAR ABNORMAL **OTHER:** _____

estimate rcv'd:



RCAH TEAM

BOARDING ADMISSION FORM

TODAY'S CONCERNS (CHECK ALL THAT APPLY – PLEASE NOTE: THESE SERVICES REQUIRE AN EXAM):

<input type="checkbox"/> NOT EATING	<input type="checkbox"/> NOT DRINKING	<input type="checkbox"/> VOMITING	<input type="checkbox"/> DIARRHEA
<input type="checkbox"/> ORAL ISSUES	<input type="checkbox"/> BAD BREATH	<input type="checkbox"/> LETHARGIC	<input type="checkbox"/> WEIGHT CHANGE
<input type="checkbox"/> CAR SICKNESS	<input type="checkbox"/> SCOOTING	<input type="checkbox"/> SHAKING HEAD	<input type="checkbox"/> EAR ISSUES
<input type="checkbox"/> MOBILITY	<input type="checkbox"/> BEHAVIOR	<input type="checkbox"/> SKIN ISSUES	<input type="checkbox"/> SKIN MASSES
<input type="checkbox"/> URINATION	<input type="checkbox"/> EYE DISCHARGE	<input type="checkbox"/> NASAL DISCHARGE	<input type="checkbox"/> EXCESSIVE LICKING

OTHER: _____

PLEASE PROVIDE DETAILS OF ISSUE MENTIONED ABOVE: _____

<p>CANINE GENERAL SERVICES / PREV CARE NEEDS:</p> <input type="checkbox"/> BLOODWORK <input type="checkbox"/> RABIES <input type="checkbox"/> DISTEMPER/PARVO <input type="checkbox"/> LEPTO <input type="checkbox"/> BORDETELLA <input type="checkbox"/> CIV (FLU) <input type="checkbox"/> FECAL <input type="checkbox"/> HEARTWORM TEST <input type="checkbox"/> ANAL GLANDS <input type="checkbox"/> EAR CLEANING <input type="checkbox"/> NAIL TRIM <input type="checkbox"/> PREVENTATIVES <input type="checkbox"/> MICROCHIP	<p>FELINE GENERAL SERVICES / PREV CARE NEEDS:</p> <input type="checkbox"/> BLOODWORK <input type="checkbox"/> RABIES <input type="checkbox"/> FVRCP <input type="checkbox"/> FLV <input type="checkbox"/> FECAL <input type="checkbox"/> FIV/FLV TEST <input type="checkbox"/> EAR CLEANING <input type="checkbox"/> NAIL TRIM <input type="checkbox"/> PREVENTATIVES <input type="checkbox"/> MICROCHIP
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WHAT TYPE/BRAND OF FOOD DO YOU FEED?	HOW MUCH?	HOW OFTEN?
WHEN WAS THE LAST TIME YOUR PET ATE?		
HAS YOUR PET EVER HAD AN ADVERSE REACTION TO ANY MEDICATION OR VACCINE? <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____		
IS YOUR PET CURRENTLY TAKING MEDICATIONS: <input type="checkbox"/> NO IF YES, PLEASE LIST WITH LAST TIME GIVEN: _____ _____ _____		
IS YOUR PET CURRENT ON HEARTWORM AND FLEA/TICK PREVENTION? <input type="checkbox"/> NO IF YES, WHAT BRAND ARE YOU USING? (FLEA/TICK) _____ (HEARTWORM) _____		

TECH EXAM UPON ARRIVAL:

EYES:	CLEAR	ABNORMAL	SKIN:	CLEAR	ABNORMAL
TEETH:	CLEAR	ABNORMAL	FL/T:	CLEAR	ABNORMAL
EARS:	CLEAR	ABNORMAL	OTHER:	_____	

estimate rcv'd: