

Gahanna Animal Hospital

144 W Johnstown Rd

Gahanna, OH 43230

(614) 471-2201

clients@gahannaanimalhospital.org

Boarding Questionnaire

Account: _____

Patient: _____

Client Name: _____

Species: _____

Address: _____

Breed: _____

Age: _____

Phone Number: _____

Sex: _____

Email: _____

Color: _____

Weight: _____

Is the above contact information current? (Please cross out & correct if needed): Yes No

Arrival Date: _____

Departure Date: _____

Should the doctor need to contact you at anytime,
please list the best phone number(s) to use: _____

Belongings: _____

Required Vaccines For Boarding:

Dogs - Annual Exam (PSA), Rabies, Distemper, & Bordetella

Cats - Annual Exam (PSA), Rabies, & Distemper

Recommended:

Dogs - Leptospirosis, Heartworm + 3 Tick Borne Disease Test

Cats - Feline Leukemia (if indoor-outdoor)

Approved Routine Services: _____

Declined Routine Services: _____

Feeding (please circle): OWN, HOUSE, or HOUSE GROWTH AM, PM, or FREE FEED

Measured Amount: DRY: _____ CANNED: _____

Will your pet need medication administered? Yes No

Medication: Dosage (with units): Last given (date/time am/pm):

Special Instructions: _____

Staff Member's Initials: _____

Need any medications refilled?

Yes No

Include heartworm & flea/tick prevention

Medication:

Quantity:

Concerns/Symptoms if pet is due for exam or if you would like your pet to be seen by a vet (includes exam fee):

Eating normally?

Yes No

If no, explain above...

Drinking normally?

Yes No

If no, explain above...

Vomiting?

Yes No

If yes, explain above...

Diarrhea?

Yes No

If yes, explain above...

Gahanna Animal Hospital's Boarding Release Agreement

This boarding facility agrees to exercise reasonable care to prevent injury, illness, or escape of my pet; however, the facility owner and employees will not be held responsible for any such illness, injury, or escape. I understand that there is a risk of my dog/cat contracting kennel cough and/or other infections from being housed in close quarters with other animals. Even if my dog/cat is vaccinated for kennel cough or other contagions, I understand that there is always a chance that my pet may become ill. Further, I agree to pay all costs for any treatment deemed necessary that includes but is not limited to an exam, lab work (ear swab, urinalysis, fecal, etc.), blood work, X-rays, etc. I also agree to pay all costs for any property damage or personal injury caused by my pet during its stay. I understand that my pet may not leave the premises until all charges are paid in full, and that any animal left for 10 days beyond the agreed upon pick-up date will be considered surrendered by the owner. I understand that I will be charged for the day of drop-off. I also understand that I will be charged for the day of pick-up if I pick my pet up after 12:00 p.m. noon. **Furthermore; Gahanna Animal Hospital is not responsible for loss of or damage to property left in this facility.**

Owner/Authorized Agent Signature

Date

Staff Member's Printed Name

Date