## Gahanna Animal Hospital 144 W Johnstown Rd Gahanna, OH 43230

(614) 471-2201 clients@gahannaanimalhospital.org

	Boa	arding Question	naire	
Account: Client Name: Address: Phone Number: Email:		Patient Species Breed: Age: Sex: Color: Weight	S:	
Arrival Date:		Depa	rture Date:	
Should the doctor need to copplease list the best phone number				
Belongings:				
Required Vaccines For Boarding Dogs - Annual Exam (PSA), Rabie		Bordetella	Cats - Annual	Exam (PSA), Rabies, & Distemper
Recommended: Dogs - Leptospirosis, Heartworm -	- 3 Tick Borne D	isease Test	Cats - Feline	Leukemia (if indoor-outdoor)
<b>Approved Routine Services:</b>				
<b>Declined Routine Services:</b>	<del></del>			
Feeding (please circle):	OWN, HOSP	ITAL, or HOSPIT	AL GROWTH	AM, PM, or FREE FEED
Measured Amount:	DRY:			CANNED:
Last Meal (Date/Time AM/PM)	·			
Food allergies/sensitivities?	Yes N	o <b>If yes</b>	s, list:	
Can we give our treats?	Yes No	0		
Will your pet need medication  Medication:			No nits):	Last given (Date/Time AM/PM):
Special Instructions:	<u></u>			
EMPLOYEE INITIALS:				

Need any medications rules include heartworm & flear	ention	Yes	No				
Medication:			Quantity:				
Concerns/Symptoms if exam fee):	pet is du	e for exam	or if you woul	d like your pet to	be seen by	a vet (includes	
Eating normally? If no, explain above	Yes	No		ing normally? explain above	Yes	No	
Vomiting? If yes, explain above	Yes	No	<b>Diarrh</b> If yes,	ea? explain above	Yes	No	
Gahanna Animal Hospit	al's Boar	ding Releas	se Agreement				
This boarding facility agree however, the facility owner understand that there is a housed in close quarters contagions, I understand costs for any treatment deurinalysis, fecal, etc.), bloopersonal injury caused by charges are paid in full, a considered surrendered bunderstand that I will be considered Animal Hospit	er and em a risk of m with other that there eemed ne od work, a my pet dand that are by the owreharged for	ployees will y dog/cat commals. Expenses a lways a cessary that X-rays, etc. uring its stay animal lefter. I undersor the day of	not be held resentracting kennowen if my dog/content character that my tincludes but is also agree to y. I understand that I will be pick-up if I pi	ponsible for any surel cough and/or other at is vaccinated for any pet may become a not limited to an expand all costs for any that my pet may not be charged for the carmy pet up after 12 and the carmy pet up after 1	ich illness, in her infections kennel coug ill. Further, I xam, lab wo y property d ot leave the pon pick-up day of drop- 2:00 p.m. no	njury, or escape. It is from being igh or other agree to pay all rk (ear swab, amage or premises until all date will be off. I also on. <i>Furthermore;</i>	
Owner/Authorized	Agent Si	gnature				Date	
Staff Member's	Printed N	lame			Date		

## **Gahanna Animal Hospital**

144 W Johnstown Rd Gahanna, OH 43230 (614) 471-2201 clients@gahannaanimalhospital.org

## **Boarding Release - Client Copy**

## Gahanna Animal Hospital's Boarding Release Agreement

This boarding facility agrees to exercise reasonable care to prevent injury or illness of my pet; however, the facility owner and employees will not be held responsible for any such illness or injury. 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.* 

CLIENT COPY