Heartland
Veterinary Clinic, Ltd.

Dog Boarding Registration

Reservation dates- From:_____ To: _____ AM or PM pickup

Client name: _____
Address:_____
Phone number:_____
Emergency Contact:_____
Emergency Contact phone number: _____

Pet's name: _____
Pet's gender: _____
Spayed or neutered: Yes or No
Any known allergies? Yes or No

Vaccinations- For your pet's protection all vaccines must be current. We require written proof or phone confirmation from your referring veterinarian of vaccinations including **Rabies, DA2PP and Bordetella.**

- ☐ **I have proof of current vaccinations either through Heartland Veterinary Clinic or another animal clinic- must have valid proof**
- ☐ **My animal is not current on vaccinations and needs: Please circle any that apply**

1 year Rabies	3 year Rabies
DA2PP- distemper complex	DA2PPL- distemper complex with lepto
Bordetella- kennel cough CIV	Lepto only
Lyme (not required)	Heartworm test- (not required)

We would like to know how to proceed if your dog develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your dog's comfort and his/her ability to receive rapid medical treatment should problems occur. The common boarding ailments are described below with what initial measures are taken by the staff to remedy the problem.

Common Boarding Ailments:	Initial treatment
Stress colitis (diarrhea)	Fecal analysis; switch to a bland diet My dog's diet can be altered: Yes No
Kennel nose/kennel paw	Clean area, apply topical ointment

In case of an emergency please select one of the following options:
_____I give my permission to have Heartland Veterinary Clinic take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem an exam with the veterinarian is indicated. I **do not** need to be contacted first

_____ I give my permission to have Heartland Veterinary Clinic take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff) should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, **I would like to be contacted first**

_____ **I would like to be contacted before any measures are taken** to treat my pet for any conditions, including ones listed above. I understand that if neither I nor my emergency contact are reachable, or if my emergency contact does not give permission to treat until I am reached, Heartland Veterinary Clinic will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics and treatment provided.

_____
Client Signature

_____
Heartland Veterinary Clinic Staff

Date: _____

Date:_____