

EXTENDED STAY FORM

PIEDMONT VETERINARY CLINIC

Please fill out this form in its entirety so we can better care for your pet.

Pet's Name _____

Client Name: _____

Phone Number: _____

Emergency Contact: _____

Emergency Phone Number: _____

Admission Date: _____

Discharge Date: _____

MEDICAL CONCERNS

Is your pet scheduled for any procedures while boarding? Yes___ No___ Explain: _____

Have you noticed any problems with your pet that we need to be aware of: Yes ___ No ___
If yes, please describe: _____

How long has this been going on: _____

Do you authorize a Dr. to evaluate: Yes ___ No ___

Any Known Allergies: Yes ___ No ___

If yes: _____

Flea/Tick Prevention: Yes ___ No ___

Brand and last given: _____

Heartworm Prevention: Yes ___ No ___

Brand and last given: _____

BEHAVIORAL CONCERNS

Have you noticed your pet having any aggression/anxiety towards:

Women: Yes ___ No ___

Men: Yes ___ No ___

Strangers: Yes ___ No ___

Other Dogs: Yes ___ No ___

Thunderstorms: Yes ___ No ___

Food Aggression: Yes___ No ___

Is pet housebroken: Yes ___ No ___

If Boarding more than one Dog/Cat:

Pets housed together: Yes ___ No ___

Pets fed separately: Yes ___ No ___

___ **If evidence of fleas or ticks is noticed, we will administer or apply flea/tick treatment during your pet's stay**

___ **If your pet is on a prescription diet, you will be charged for additional food if sufficient food is not provided for the stay**

Do authorize medical treatment if a problem is noticed while your pet is staying with us?

Yes ___ No ___

Would you like us to contact you when problem is noticed? Yes___ No ___

****In the event of a serious medical condition, if we are unable to reach you, your pet will be treated at the Doctor's discretion until reached.****

Is your pet on any medications? Yes ___ No ___

Please list ALL medications:

1. Drug Name _____ Dosage _____ Last dose given _____

2. Drug Name _____ Dosage _____ Last dose given _____

3. Drug Name _____ Dosage _____ Last dose given _____

4. Drug Name _____ Dosage _____ Last dose given _____

5. Drug Name _____ Dosage _____ Last dose given _____

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Please fill out this form in its entirety so we can better care for your pet.

Boarding in a clinic setting can be a stressful event for most animals. With this in mind, we ask that you pre-approve the following treatments for your pet: probiotics, oral sedatives and adding food toppers. Additional charges will apply if any of these are needed.

Please initial for consent _____

What brand of food do you feed? _____ Wet/Dry/Both? _____

Did you bring your pet's food? Yes ___ No ___

How many times a day do you feed your pet: _____ X per day Amount: _____

Please list ALL items you are leaving with your pet

Leash: Yes ___ No ___ Collar: Yes ___ No ___ Harness: Yes ___ No ___

Please list and describe all other items:

i.e. If you are leaving a blanket/towel, please describe color; if you are leaving toys, please describe

Does your dog eat or chew on his bedding at home? Yes ___ No ___

**We reserve the right to withhold bedding and toys for your pet's safety if we feel there's any risk of a G.I. block from the items*

If boarding for **7 days**, or longer, we offer complimentary baths.
Please note, it must be an afternoon pick-up to receive a complimentary bath
Do you request a complimentary bath **IF** boarding 7 days or longer: Yes ___ No ___

Please list any additional concerns/instructions we need to know to care for your pet:

Owner's Signature: _____ Date: _____