

# Initials)Karen's Animal House, Inc.

## *Pet Information*

Clients Name: \_\_\_\_\_

Dog Cat Other Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered / Spayed Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone: \_\_\_\_\_

## *Feeding Instructions*

Name Of Food: \_\_\_\_\_ Amount Fed: \_\_\_\_\_ Morning Afternoon Evening

Name Of Food: \_\_\_\_\_ Amount Fed: \_\_\_\_\_ Morning Afternoon Evening

## *Medical Information*

To prevent the spread of disease while your pet is in our care, all dogs must be current on Rabies, Distemper/Parvo and Bordetella vaccines at least five days prior to their stay. It is the responsibility of the Owner to provide proof of vaccination / certification from their veterinarian. Owner understands that even if the Owners dog has been vaccinated against Bordetella there is still a chance that the dog may contract Canine Kennel Cough. Owner specifically agrees that Karen's Animal House, Inc. shall be in no way be held responsible should their dog become ill with Canine Kennel Cough or any other illness while in the care of Karen's Animal House, Inc. regardless of current vaccination status. (initials) \_\_\_\_\_

## *Medications*

Name Of Medication Dosage Time(s) given

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Special Instructions for administering medications: \_\_\_\_\_

Has your dog ever had a seizure? Yes No If yes, date of last seizure: \_\_\_\_\_

Does your dog have Hip Dysplasia / Arthritis Has your dog been ill in the last 30 days? Yes No If yes, please explain: \_\_\_\_\_

I hereby certify that my pet is healthy and free from any illness. If recently in veterinary care, a signed release must accompany pet from your veterinarian stating that your pet is certified to stay at Karen's Animal House, Inc.. If pet shows signs of any non-recorded illness at the time of it's stay, then the pet may not be accepted for boarding (Initials)

## *Medical Illness Policy*

As the Owner of the pet named above, I understand that Karen's Animal House, Inc., its employees, officers, directors and agents will exercise due care and diligence to protect the health and safety of my pet while in their care. In the event my pet becomes ill, or sustains an injury, and I can not be contacted, I agree to have Karen's Animal House, Inc. call the emergency contact listed below regarding my pets symptoms and treatment options. However, if I or my authorized agent contacted, I agree and consent to the veterinarian retained by Karen's Animal House, Inc. to render care for my pet and agree to full payment of all fees for such medical care. (Initials) \_\_\_\_\_

I hereby authorize the following person(s) to act as my agent(s) should the need for medical care arise during my pets stay at Karen's Animal House, Inc. and I am unable to be reached. I also consent to the veterinarian retained to render care for my pet to release all medical information to Karen's Animal House, Inc. including but not limited to vaccination information, medical care, both past and present. I also understand that I shall be fully responsible for any and all medical care authorized by either myself or any authorized agent including Karen's Animal House, Inc. (Initials) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_