



Animal Hospital 2035 McGregor Blvd. Ft. Myers, FL. 33901 (239) 689-3525

**Boarding/ Questionnaire and Consent Form**

**Client/Patient Information**

|   |  |                                 |        |
|---|--|---------------------------------|--------|
| Last Name:  |  | First Name:                     |        |
| Street address:   |  |                                 |        |
| City, State, Zip:   |  |                                 |        |
| Pet name:   |  | Species:                        | Age:   |
| Current on required vaccines and test? <input type="radio"/> Yes <input type="radio"/> No   |  | Breed:                          | Color: |
|   |  | Microchip number:               |        |
| Arrival Date:   |  | Departure Date:                 |        |
| Time you will drop off your pet:  |  | Time you will pick up your pet: |        |
| Name of food you feed your pet:   |  |                                 |        |
| How much do you feed your pet?  |  |                                 |        |
| How often? <input type="radio"/> Once daily in the morning <input type="radio"/> Once daily in the evening<br><input type="radio"/> Twice a day <input type="radio"/> Free feed |  |                                 |        |
| Other (please specify):   |  |                                 |        |

**Medications**

|   |
|---|
| Is your pet currently being given any medication(s)? <input type="radio"/> YES <input type="radio"/> No |
| If yes, please list medication(s):  |
| How much do you give your pet?  |
| How often do you give the medication?   |

**PET'S BELONGINGS**

|   |
|---|
| List any personal items that will accompany your pet during his/her stay:<br>_____<br>_____ |
|---|

**Health Concerns**

|   |
|---|
| Is your pet experiencing any health issues or abnormal behavior at this time? <input type="radio"/> Yes <input type="radio"/> No  |
| If yes, please specify:   |
| These concerns should be addressed before the arrival of your pet to ensure proper medical attention and/or handling of your pet. |

**Vaccination Requirements**



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Please note that all dogs boarding at Edison Park Animal Hospital are required to be vaccinated against Rabies, Canine Distemper, Parvo, Parainfluenza, Adenovirus and Bordetella (kennel cough) and have had a negative fecal result in the last 6 months. All pets must be on a flea preventative.

All cats must be vaccinated against Rabies, Feline Distemper, and also have had a negative fecal result in the last 6 months. Please ask the staff at Edison Park Animal Hospital if you have any questions. All pets must be on a flea preventative.

If your pet received vaccines and fecal tests elsewhere please provide documentation prior to boarding. The staff at Edison Park Animal Hospital will be more than happy to call for your pet's records if you are limited on time. We would greatly appreciate these records as quickly as possible to ensure a more accurate and speedy check in.

Would you like a staff member at Edison Park Animal Hospital to call for your pet's records?  
 Yes  No, I will provide these records prior to boarding.

Number to call for pet records: \_\_\_\_\_  
Name of clinic/hospital where vaccines/tests were done: \_\_\_\_\_

If your pet is listed under another name or an alternate caretaker name other than the one you provided please let us know: Pet's Name: \_\_\_\_\_  
Alternate Caretaker Name: \_\_\_\_\_

**Please read and initial the following statements carefully:**

\_\_\_\_ I understand that my pet must be vaccinated against the above mentioned diseases and viruses and documentation must be provided prior to the boarding of my pet(s).

\_\_\_\_ I understand that any personal items left during my pet's stay may become soiled or destroyed or may not be able to be laundered properly, resulting in loss of these personal items.

\_\_\_\_ I understand that if an unexpected emergency may occur or my pet exhibits any signs of illness during his/her stay, Edison Park Animal Hospital will attempt to contact me at the numbers I have provided. If I cannot be reached, I give permission to Edison Park Animal Hospital to provide reasonable medical care for my pet and I agree to pay for such care.

\_\_\_\_ I understand that a 50% deposit is required for all pets boarding with Edison Park Animal Hospital and I agree to assume full responsibility for the balance of all services rendered at the time of pick up. I also understand that I must drop off and pick up my pet(s) during Edison Park Business hours. Monday – Friday between 8:00AM – 5:00PM and Saturday between 8:00AM – 2:00PM. We recommend that you give at least 20 minutes for check-in and check-out.

\_\_\_\_ I have reviewed and understand the Edison Park Animal Hospital boarding consent form.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Number; \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_