

Pouncey Tract Veterinary Hospital  
5450 Pouncey Tract Road Glen Allen, VA 23059  
ph. 804-364-4444 fax. 804-364-4448  
www.ptvethospital.com

**BOARDING ADMISSION:**

Welcome! In order to meet your pet's needs, please take a few moments and fill out the required information.

Owners Name: \_\_\_\_\_ Pets Name: \_\_\_\_\_

Admission date: \_\_\_\_\_ Discharge date/time: \_\_\_\_\_

**EMERGENCY CONTACTS (NAME AND PHONE NUMBER)**

1) \_\_\_\_\_

2) \_\_\_\_\_

Food Brand \_\_\_\_\_ Amount \_\_\_\_\_

How many times  
daily? \_\_\_\_\_

**MEDICATIONS:**  
(name & dosage)

Treats/extras \_\_\_\_\_

\_\_\_\_\_ Give \_\_\_\_\_

\_\_\_\_\_ Give \_\_\_\_\_

\_\_\_\_\_ Give \_\_\_\_\_

**\*\*There is an additional fee for administering medication to your pet\*\***

**HAS YOUR PET BEEN MEDICATED TODAY? if so, WHAT MEDICATIONS AND WHEN?**

\_\_\_\_\_

Pet's belongings: \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:**

At the owner's expense, all dogs receive Comfortis, an oral flea preventive, upon entry.  
Cats receive Capstar on entry if fleas are present upon entry.

\*All dogs boarding 5 nights or longer will receive a bath at the owner's expense in order to maintain the hygiene of your pet.

(over please...)

In order to prevent the spread of infectious diseases and parasites, all boarded pets must be current on all required vaccines and free of internal and external parasites.

1) Exam (please indicate problem/concern and doctor preference)

\_\_\_\_\_

2) Vaccines

\_\_\_\_\_DHPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Lyme

\_\_\_\_\_ Canine Flu

\_\_\_\_\_ FDRC \_\_\_\_\_ Leukemia

3) Labwork

\_\_\_\_\_ Heartworm test

\_\_\_\_\_ Fecal

\_\_\_\_\_ Drug or Organ Function Monitoring (please list)

\_\_\_\_\_

\_\_\_\_\_

4) Medications to be refilled? (please list)

\_\_\_\_\_

\_\_\_\_\_

5) Grooming Services

\_\_\_\_\_ Bath \_\_\_\_\_ Nails \_\_\_\_\_ Anal Glands \_\_\_\_\_ Demat \_\_\_\_\_ Clean Ears

\*May we sedate your pet if necessary? \_\_\_\_\_ YES \_\_\_\_\_ NO

Emergency medical attention will be provided if needed and every attempt will be made to contact me if such case should arise. I understand that the doctors and staff will use sound medical knowledge and I as the owner accept all financial responsibility.

Signature X \_\_\_\_\_ Date \_\_\_\_\_