

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.

Owner Name _____ Pet's Name _____

Admission Date: _____ Discharge Date: _____ Time: _____

Emergency Contacts

Name _____ Phone# _____

Name _____ Phone# _____

Food Brand _____ Amount _____

How many times daily? _____

Treats/extras _____

*****There is an additional Fee for administering medication to your pet.**

*Medications (name & dosage)	(Circle morning/evening)
_____ Give (amount) _____	Morning Mid-Day Evening
_____ Give (amount) _____	Morning Mid-Day Evening
_____ Give (amount) _____	Morning Mid-Day Evening
_____ Give (amount) _____	Morning Mid-Day Evening

******Has your pet been medicated today? If so, What medications and when?******

Does your pet need to see a doctor during their stay? Yes No

Exam/Vaccines if needed...

Canine

DHPP Rabies Bordetella Influenza Lyme Lepto Heartworm Test Fecal

Bloodwork

Feline

FDRC Feline Leukemia Rabies Fecal Deworm

Bloodwork

Please list your pet's belongings

****List any food or medications you need refilled and we will gladly get that ready for you!****

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

Grooming Services

Bath___ Nails___ Anal Glands___ Clean Ears___ Brush Teeth___ Demat___

***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 a 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_____ Date_____