



SINCE 1968

HUDSPETH
ANIMAL HOSPITAL

510 Pio Nono Ave, Macon GA 31204
Ph:(478) 742-8766

Boarding Check In Form

Patient Name: <animal>	Age: <age>	Color: <color>	Sex: <sex-name>
Weight: <weight>	Date: <date>	Species: <species>	
Owner's Name/Phone Number: <title> <contact>	<last-name>	Phone: <area><phone>	Cell: <estimate>

Emergency contact: _____ Phone: _____

Primary Veterinarian: _____ Phone: _____

How did you hear about us? _____

Pets:

1. Pet's Name _____ D.O.B _____ Sex _____

Breed _____ Color _____

2. Pet's Name _____ D.O.B _____ Sex _____

Breed _____ Color _____

3. Pet's Name _____ D.O.B _____ Sex _____

Breed _____ Color _____

4. Pet's Name _____ D.O.B _____ Sex _____

Breed _____ Color _____

Please Circular what vaccine(s) are UP TO DATE:

Dogs: DHLPP, Bordetella, Canine Influenza, Rabies

Cats: FVRCP, Rabies

Do you wish for <animal> to have a bath before departure (addition fees will be incurred)?

Yes

No

If yes, when? _____ (recommended the day of or before departure)

MEDICATIONS: _____

PET NOTES: _____

FEEDING INSTRUCTIONS: _____

<estimate>

Terms of Agreement

Hudspeth Animal Hospital will provide a clean, safe, and comfortable environment for your pet.

If <animal> should develop a medical problem or become injured while in our care, all reasonable efforts will be made to contact the pet owner and/or the emergency contact provided.

Emergency Amount approved \$_____

Call First: Yes / No

We **DO NOT** accept responsibility for injuries, death, property damage or loss sustained by you or your pet, which may occur because you used our services, unless we have been unreasonably negligent.

Owner's Signature: _____ **Date:** _____

Date: <date>

Pet's Name: <animal>

Feeding/Walking

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Feed:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
Walk:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:
Eating/Drinking?	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
Defecation?	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:
Urination?	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:
Any Abnormal Findings?	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:	AM: Mid: PM:
Medications: Give as directed 1. 2. 3. 4.						

- ❖ When notating eating, note, ¼, ½, ¾, All
- ❖ Defecation- Normal, Abnormal (If abnormal, inform tech or assistant)
- ❖ Any Abnormal Findings- New wound, limping etc.