



Client Name: _____ Patient Name: _____

Address: _____ Primary Phone: _____

Microchip: _____ Species/Breed: _____ Gender: _____ Color: _____

Markings: _____ Birth Date: _____

You represent that your pet is healthy and has not been exposed to any known communicable disease within a thirty (30) day period prior to boarding. If your pet is not a patient of Hickory Veterinary Hospital, Inc., you agree to disclose all known medical conditions and/or behavior problems which may affect your pet's care prior to check in. You agree to inform Hickory Kennels of any changes with your pet's condition or behavior prior to check in for all subsequent stays.

Does your pet have any current or reoccurring injuries, medical problems, or behavioral problems? Please review the following list and circle any or all that apply to your pet currently or may become present during their stay.

Any notable medical history or recent hospital visits we should be aware of? (please add details) - Y or N

Limping - Y or N

Eye problems/discomfort - Y or N

Swollen, scratched, and/or sore paw pads - Y or N

Recent cuts or scrapes - Y or N

Lumps, bumps, or cysts - Y or N

Ear problems/discomfort - Y or N

Hot spots - Y or N

Environmental allergies (if yes, please specify) - Y or N _____

Food allergies (if yes, please specify) - Y or N _____

Can your pet be unattended with blankets or beds? - Y or N

Is your pet afraid of storms or fireworks? - Y or N

Other (please specify): _____

On admission of your pet, please advise our staff if you have applied a flea preventative within the past 30 days. If not, we will administer a dose of flea preventative for the comfort and health of your pet and to maintain a flea free environment at Hickory Kennels. The cost of this product is approximately \$40 and will be reflected on your final invoice. Please initial here _____ to show that you have read and understood this policy.



HICKORY

KENNELS & GROOMING

Should your pet develop any G.I. disturbances during their stay, do we have your permission to offer our gastrointestinal high fiber diet in lieu of food brought from home? Y or N

If your pet becomes injured during their stay, you will be contacted as soon as possible regarding measures to be taken. If we are unable to effect notification within a reasonable amount of time for any reason or if the situation requires immediate action, medical and/or surgical care will be provided by Hickory Veterinary Hospital Inc. veterinary staff. You give express consent to have your pet transported to Hickory Veterinary Hospital Inc. or an emergency clinic designated by the veterinary staff of Hickory Veterinary Hospital Inc. if deemed necessary by the attending veterinarian to provide proper medical/surgical care. You authorize the use of appropriate anesthesia and pain relief medication as needed before or after any procedure and you understand that hospital support personnel will be used as deemed necessary by the veterinarian. If injury is deemed to be due to the express actions of your pet, or due to self-mutilation, you will be responsible for all costs associated with treatment of said injury. Expenses incurred for said treatment, being reasonable and customary, shall be due and payable at the time of discharge and before your pet leaves the premises.

Signature: _____ Date: _____

Emergency contact information:

NAME	PHONE NUMBER(S)

My emergency contact(s) have been made aware that is boarding at Hickory Kennels and they are prepared to make medical decisions on my behalf. _____ (Please initial)

Social Media Waiver (Please initial below)

_____ I hereby grant permission for photos/ videos of my pet to appear on various social media platforms and/ or to be used on marketing material (i.e. website, brochures, etc.)

_____ I hereby grant permission for photos/ videos of my pet to appear on various social media platforms.

_____ I do not grant permission for my pet to be photographed or videoed.