



87801 Overseas Hwy, Islamorada, FL 33036

Phone: (305) 852-3665 Fax (305) 852-9646

www.upperkeysvet.com

Boarding Authorization Form

Date(s): _____

Patient: type of animal _____

Client (Last, First): _____

Phone number(s) where I can be reached: _____

Boarding from: _____ to _____

Would you like any "extras" to pamper your pet during his/her stay? (Additional fees will apply)

Bath Medicated Bath Nail Trim Anal Gland Expression Ear Cleaning

Terms of Boarding:

1. All animals boarding at UKVH are required to have a current annual veterinary exam with our doctor and current vaccinations and fecal testing.

Boarding requirements (dog) Rabies, DHPP, bordetella Boarding requirements (cat) Rabies, FVRCP

If I cannot provide proof of current vaccinations at the time of drop off, I authorize the doctor to administer the necessary vaccines at my expense. Exceptions may be made ONLY by the doctor for health conditions that prevent safe vaccine administration.

2. To prevent flea contamination of your pet and our boarding facility, ALL pets will be treated with a Capstar™ prior to entering the kennel at the owner's expense.

3. UKVH will use all reasonable precautions against illness, injury or loss of my pet(s), however in the case of an emergency I authorize any treatment(s), procedure(s) or test(s) on my pet while in their care if I or other authorized emergency contacts cannot be reached.

Did you bring a special diet? Yes No Name of food: _____

Amount of food: _____ How many times per day: _____

(if no special diet provided, we will feed Hill's® Science Diet® Adult Sensitive Stomach & Skin)

Did you bring any special belongings with your pet (blanket, toy, bowl, leash)? Yes No

If so, please describe them: _____

Did you bring any medications to be given to your pet while boarding? Yes No

Name of medication	Amount to be given	How often	Time of last dose
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1. _____

2. _____

3. _____

4. _____

Emergency Contact: _____ **Phone number:** _____

*I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do give Upper Keys Veterinary Hospital full and complete authorization to perform the procedures listed above and release UKVH from any and all liability arising from said procedures. **I certify that I have read the terms of boarding and understand the hospital's policies.***

Signed: _____

Date: <date>



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Boarding Log Sheet

Date(s): _____

Patient: type of animal _____

Client (Last, First): _____

Phone Number: _____

Boarding from: _____ to _____

Capstar given: _____

Doctor: <serv-doctorname>

Bath (date): _____

Date:														
Weight														

O C C S		AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
	Urine +/-												
	Stool +/- Normal/Diarrhea												
	Vomit +/- Appearance?												

Water Drank +/-													
Feed: Diet: Quantity Fed: Appetite? E-G-F-P													
Initials													

Medications/Treatment Dose/Rte/Q hrs (initial treatments)	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Vaccines/tests to be done:													
Dr. Exam needed? Y / N Date scheduled:													

Owners Belongings:

Feeding instructions:

Comments/requested services: