

**Steinbach Veterinary Hospital**  
120 West Skippack Pike  
Ambler, PA 19002  
215-646-0462

## Boarding Consent Form

Client name:  
Address:  
Telephone:

Patient name:  
Species:  
Breed:  
Sex:  
Spayed/Neutered:  
Date of birth:

DATE OF DROP OFF: \_\_\_\_\_

DATE OF PICKUP: \_\_\_\_\_

**WOULD YOU LIKE A PAID BATH FOR YOUR PET (CIRCLE ONE) YES / NO**

**Note: All pets that are not getting a paid bath will get a complimentary clean up on the date of pick up unless specified by the owner that they do not want this service for their pet.**

Our in-house diets are Hill's Science diet for sensitive skin and stomach (dry) and Canned Purina ProPlan. We can feed your pet either one of the two or a mixture of dry and canned.

If your pet will be eating our in-house diet please write "yes": \_\_\_\_\_  
Please write below description of how you would like your pet to be fed and any special instructions or allergies we should be made aware of:

**Examples: - Mix canned with 1 cup of dry twice daily  
- 1 cup of dry 2 times daily**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are providing your pet's food during their stay write "yes": \_\_\_\_\_

**Note: All food is to be labeled with your pet's first and last name with a permanent marker. If possible we would prefer all dry food be pre bagged individually.**

Food brand: \_\_\_\_\_

How many individual bags of dry dog food have you brought in? \_\_\_\_\_

How many cans of wet food have you brought in? \_\_\_\_\_

Feed \_\_\_\_\_ individual bag(s) of dry food mixed with \_\_\_\_\_ can(s) of wet food \_\_\_\_\_ times daily

AM Feeding: Feed \_\_\_\_\_ bags of dry with \_\_\_\_\_ can(s) of wet

PM Feeding: Feed \_\_\_\_\_ bags of dry with \_\_\_\_\_ can(s) of wet

### **MEDICATIONS BROUGHT FROM HOME**

**Note: \*\*\*All medications must be in original prescribed bottles with drug name and quantity of how many pills are left in there at the time of drop off\*\*\***

**Name of medication   Strength   Dosage   When last given**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you noticed any of the following over the last week?**

**\*\*\*If sick exam will be at the owner's expense and if further treatment is recommended will need owner's permission\*\*\***

**CIRCLE ONE:**

Vomiting: **YES / NO**

Diarrhea: **YES / NO**

Coughing: **YES / NO**

Sneezing: **YES / NO**

Limping: **YES / NO**

Loss of Appetite: **YES / NO**

Increased appetite: **YES / NO**

Other (**Please explain below**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If your pet has any kind of special emotional needs please describe below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_