



animal hospital

Boarding Admission Form—DOG

This form is available on our website www.elliottbayah.com

Client/Owner name _____ Dog (s) name _____

I will be traveling to _____ Contact Number _____ Contact Email _____

LOCAL EMERGENCY CONTACT (who can make medical decisions and pick-up your pet if you are not available)

Name: _____ Phone Number: _____

Drop off date _____ Pick up date _____ AM PM Sunday Holiday

(If you pick up your pet before noon, you will not be charged for an additional day of boarding)

May we post your dog’s photo on our website, Facebook page and Instagram?..... Y N

If time permits, would you like a report card sent home with you after your dog’s stay?..... Y N

Other person authorized to pick up your dog (s)? _____

What do you feed your dog (s)? _____ Protein Source _____

How much do you normally feed your dog (s)? AM: _____ PM: _____

Does your dog (s) have any allergies? (food, drug, environmental, etc.) _____

Does your dog (s) have a history of aggression towards animals and/or humans? _____

If your dog (s) need grass for eliminations, do we have your permission to take your dog (s) off hospital property? Y N

Does your dog (s) have a history of chewing and ingesting blankets/towels/bedding? Y N
(if yes, please fill out release form)

Would you like for your dog (s) to have:

outdoor supervised playtime sessions (total quantity) _____ (20 minutes, additional fee) **Please fill out the back section of this form. Toys are ONLY permitted during playtimes.**

Current release form _____ (EBAH initials)

bath (includes nail trim and anal gland expression) dematt / extended brush out additional charge

nail trim only other: _____

examination and / or fecal test (the appropriate exam fee will apply)

Is your dog on flea/parasite prevention? Y N Which prevention? _____

When was the last dose given? _____ . In the event external parasites are found, the appropriate services will be provided and charged accordingly.

Is your dog on medication? Y N (There is an additional fee for fluid therapy and insulin administration)

ORIGINAL CONTAINERS MUST BE PROVIDED

If yes, please state directions and dose _____

When was the last dose given? _____ When should we give the next dose? _____

Dogs will be released only during regular office hours and payment is required at that time. If I neglect to pick up my dog within 5 days of the pick up date above, Elliott Bay Animal Hospital may assume the dog (s) is abandoned and is authorized to relinquish the dog(s) as they deem necessary.

In signing this form, I also agree that the information on my dog’s original boarding form is current, accurate and correct.

SIGNED _____ DATE _____

Thank you for allowing us to care for your pet!



Playtime Consent Form

This form is available on our website www.elliottbayah.com

PLAYTIME: I, _____, hereby request and give my permission for Elliott Bay Animal Hospital, including its employees, employers and/or independent contractors, to provide a 20 minute supervised playtime session for my dog (s) named _____. These playtime sessions are provided in our designated on-site, enclosed, outdoor courtyard. **I am aware and give consent for my dog (s) to be paired with other dogs with comparable energy levels for their playtime session.** I do understand that there maybe risks involved, and I release Elliott Bay Animal Hospital, including its owners, managers, _____ employees, and independent contractors and hold harmless from any or all injury, harm, damage, or loss caused by my dog (s) during playtime sessions.

I request my dog (s) to play _____ with other dogs _____ housemates only _____ one-on-one
In the event my dog (s) sustains an injury during playtime, I understand Elliott Bay will attempt to contact me by phone and will proceed with providing appropriate medical care for my dog (s). I understand that should medical care be needed, the charges associated with providing that care will be applied to my account and will be paid at the time I pick up my dog (s) from boarding. _____ (initials).

I understand that my dog (s) will be given the opportunity to have toys during playtime. As dogs may exhibit different behaviors boarding than they do at home, for the safety of my dog (s), these supervised, outdoor playtimes will be the only time my dog will have access to toys.

My dog (s) has a toy history of _____ Chewing _____ Shredding _____ Destroying _____ Eating _____ No History

Describe the Incident _____

I want my dog (s) to have access to toys during playtime? YES NO

In the event my dog ingests a toy during playtime, I understand Elliott Bay will provide appropriate medical care and the additional fees will be applied to my account. _____ (initials).

I have read the above provisions: Signature _____ Date _____

Please tell us a little about your dog (s)

My dog (s) enjoys: Petting Frisbees Tennis Balls Fetch
Stuffed Toys Rope Toys Squeaker Toys Chase

Other: _____

My dog prefers to play with Big Dogs Small Dogs Both Alone