

# Old Stone Boarding Admission Form

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Clients Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number 1 \_\_\_\_\_ Phone Number 2 \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Color \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Color \_\_\_\_\_

Veterinary clinic of choice: \_\_\_\_\_

Vet's Phone #: \_\_\_\_\_

Vaccination Status: (Current)

Dogs: DHLP & Parvo ( )

Bordatella ( )

Rabies ( )

Medical History:

Illness in last 30 days? \_\_\_\_\_ Please Explain \_\_\_\_\_

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Current Medications? \_\_\_\_\_ List Med's and Frequency \_\_\_\_\_

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Current Diet? \_\_\_\_\_ I have provided my pets food Yes ( ) No ( )

Amount/Notes: \_\_\_\_\_

Pick up Date: \_\_\_\_\_ am ( ) pm ( )

**OWNER RELEASE:**

("I" refers to the Pet's Owner)

Old Stone will use all reasonable precaution against injury, escape, or death of my pet. I have seen the condition of the "play yard Fencing" and believe it to be adequate to prevent my pet from escaping. Old Stone and its employee's will NOT be held liable for any problems that develop during my pet's stay provided reasonable care and precautions are followed. I understand that ANY problems that develop with my pet while I am absent will be treated by the Veterinarian listed for my pet (*or the local veterinary clinic, Agri-Pet, should my veterinarian be unavailable or the delay in accessing care critical*). I assume full responsibility for any treatment expense involved. If I neglect to pick up my pet within five days of the date above and do not notify Old Stone within that time period, Old Stone may assume that the pet is abandoned and are hereby authorized to dispose of the pet as we deem best and/or necessary.

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Date

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Owner or Responsible Party

Old Stone admitting personnel: \_\_\_\_\_

Old Stone employees.... Please use reverse to note any concerns with pet through their stay: