

Creature Comforts at Kittery Animal Hospital

Boarding/Grooming Pet Health History Form

Your Answers to this form will help Creature Comforts understand your pet's medical history and conditions better. If you are uncomfortable with any questions do not answer it. Best estimates are fine if you cannot remember specific dates or details. *Thank You!*

Client information:

Clients Name _____ Spouse/other _____

Street Address _____

Mailing Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Fax _____ Email _____

Alternate/Emergency Number _____

Employer's Name _____ Work Phone _____

Driver's Liscence # _____

Whom may we thank for this referral _____

Pets Name _____ Date of Birth _____

Breed _____ Color _____

Sex/Gender: Male ___ Nuetered? ___

Female ___ Spayed? ___

Current Veterinarian _____ Previous Veterinarian _____

Present Health Conditions/Concerns (please include duration of the problem, frequency of occurrence, previous treatments, and response to treatment. This is will help the kennel staff care for your pets while here):

Medications, this should include prescription and non-prescription medicines, vitamins, home remedies, and herbs. If any of these medications are to be given while your pet is staying here please include the dose, when it should be given, and what it is treating:

Please answer to the best of your ability:

Dog owners, is your pet on heartworm/internal parasite preventative? _____

Has your pet been tested for internal parasites in the last year? _____

Does your pets have fleas? _____

(Please understand that if the staff finds fleas on your pet, your pet will be treated and you will be charged for the treatment.)

Is your pet on external parasite protection (frontline, advantix, etc.)? _____

Any coughing, vomiting, sneezing, or diarrhea in the last month? _____

Is you pet allergic to anything, food, medication, etc.? _____

Has you pet had any illnesses or injury in the last month? _____

Dog owners, has your pet ever had bloat? _____

Does your pet have any history of aggression (with humans, other pets, toys, food, etc.)? _____

Current Diet: _____

Special feeding instructions: _____

Optional services available for additional charge:

- Bath, brush out, nails clipped, and ears cleaned, as well as a hair cut with a professional pet groomer.
- Bath, brush out, nails clipped, and ears cleaned with a member of the kennel staff.
- 15 minutes playtime session (up to 3 a day) with a member of the kennel staff.
- Medication administration.
- Kittery Animal Hospital clients only: Veterinary care for any vaccines or medical problems.

Other Pertinent Information; please list any other information you feel is important concerning your pet's healthy:

OWNER RELEASE

I understand you cannot guarantee the health of my animal. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

I understand that in the event of my animal getting sick, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my agent can be reached.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 10 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to take steps by law to take custody of my pet. I have been provided with a copy of the boarding policy handout/brochure explaining boarding policy and regulations.

I understand there is an additional charge for any pet deemed aggressive during the boarding period.

I have provided proof of my pets up to date vaccine history, and understand that in order to board my pet must be up to date on the following vaccines and can show proof of these vaccines when asked at any occasion.

Feline: Distemper and Rabies.

Canine: Distemper, Rabies, and Bordatella.

Date: _____ Owner / Agent: _____

Name & Phone Number of Responsible Party to be reached in an Emergency:
