

**Madison Park Veterinary Hospital
Patient Boarding Admit / Daily Monitoring Log**

Admit Date: _____ By: _____ Discharge Date: _____

Owner's Name: _____ Pet Name: _____

Contact / Phone while boarding: _____

Possessions: _____

Brand of food and current feeding schedule: _____

Allergies: NO YES: _____

Current on vaccines: DAP/FRCP NO YES Last Fecal Date: _____
 Rabies NO YES
 KC NO YES
 FeIV NO YES Results: _____

Current on flea prevention: NO YES Product and last given: _____

Checked for fleas by staff: Initials: _____

Weight on check in: _____ lb/kg Temp: _____

Medications patient is currently being given:

	Medication Name / Form	Dose / Frequency	Last Given
1			
2			
3			
4			
5			
6			

In case of emergency, we will contact you immediately. If we cannot get in contact with you or an authorized party we will treat accordingly to ensure the well-being of your pet. This may include CPR if necessary. If your pet's quality of life is very poor and the doctor feels euthanasia is the humane choice, your signature below authorizes these treatments if necessary.

Client Signature: _____ **Date:** _____

