Senior Pet Boarding Questionnaire

Client Name: _____ Pet's Name: _____ Age: _____

Dates of Boarding: _____ to _____ Total Nights: _____ Last stay: _____

I. Notes from previous stay? _____

_____

2. Is the pet boarding with any siblings? □ Yes □ No

3. In the last 6 months, what has the pet's overall health been?

Loss of: □ Vision □ Hearing
Any recent weight changes? □ Yes □ No
Sleeping: □ More □ Less
Altered appetite? □ Yes □ No
Bad breath or trouble chewing? □ Yes □ No
Strains to: □ Urinate □ Defecate
Stiffness or limping? □ Yes □ No
New Lumps or bumps? _____
Injuries (previous or new)? _____

4. Is the pet on medication? □ Yes □ No

Is the pet's life dependent on these medications? □ Yes □ No

If taking medication, name, purpose, how long taking, recent changes in dosage?

1. _____
2. _____
3. _____
4. _____

5. Has the pet *ever* had any reactions to any medication? What type of reaction, how long ago?

_____

Management Approval: _____ Date: _____

Confirmed with client by: _____ Date: _____

Client Initials: _____

If pet becomes ill or injured, or if the state of the animal's health otherwise requires professional attention, The Pet Palace, in its sole discretion, will first engage the services of an on call veterinarian, or other after hours animal emergency clinic in order to provide essential medical services. The expenses thereof shall be paid by the owner.

_____ In the untimely event my pet should become unresponsive while in the care of The Pet Palace, or while receiving veterinarian care, **please do not resuscitate.**

_____ Should an injury or illness occur to my pet that requires veterinary care during my absence and I am unreachable, I authorize The Pet Palace to act in their discretion in procuring essential veterinary medical care, **not to exceed $ _____**

_____ In the event the attending veterinarian determines that my pet is suffering at a level that euthanasia is the recommended alternative, I {do/ do not} give my consent for euthanasia.

If my pet should die or is euthanized, **in conjunction with my boarding fees,** I agree to pay the fees for the following services:

Initial one of the following:

_____ I request the body be retained until I return

_____ individually cremated

_____ communally cremated

Contact Information where a relative or myself may be reached other than what is on file:

Name: _____

Relation: _____

Phone: _____

_____ _____

Owner Signature Date