

## Extended Stay Boarding Pass

Date: \_\_\_\_\_ Date of Pick Up: \_\_\_\_\_ Est. Time of P/U: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone No. (Emergency/Authorization) \_\_\_\_\_

**Pet(s) Name:** \_\_\_\_\_

**Medication\***


**\*There is an extra charge of \$8.00 per day per pet for the administration of medication.**

**Medication Instructions:** (Dosage and Frequency) \_\_\_\_\_

**Diet to be Fed:**  Clinic Diet\*  Owner Diet \*Clinic Diet includes Purina EN Dry and/or Wet

**Feeding Instructions:** \_\_\_\_\_

Does your pet have any known drug or food allergies/reactions?  Yes  No

If yes please indicate suspect drugs or foods: \_\_\_\_\_

Has your pet been treated with Flea/Tick medication in the last 30 days? \*\*  Yes  No

\*\*If any live fleas or evidence of fleas are found on your pet either at Check-in or during their stay, Ohana Veterinary Care will treat your pet with a topical or oral product. Additional Charge of \$

**Special Services Needed:**  Nail Trim  Vaccines Pet is Due for  Anal Gland Expression  
 Annual/Semi-Annual Exam  Spa Treatment  Heartworm Test

Comments/Additional Needs: \_\_\_\_\_

### Consent to Treat Policy

We would like to know how to proceed if your pet develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your pet's comfort and his/her ability to receive rapid treatment should problems occur. Below is a list of common boarding ailments and what initial treatments are given to remedy the problem. Should your pet not respond to these initial measures, further treatment may be warranted.

#### **Common Boarding Ailments**

#### **Initial Measures Taken**

Stress Colitis (diarrhea)	Switch to bland diet or dispense metronidazole (\$30.00) or diigel (\$41.85)
Kennel Nose/Kennel Paw	Clean area, apply topical antiseptic (\$19.00)
Hot Spot	Clean & Shave area, apply topical antiseptic (\$59.00)
Ear Infection	Medication will be started if severity is significant (\$45.00)

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics, and treatments provided.

Please select from one of the following options:

I give my permission to have Ohana Veterinary Care treat my pet for the common boarding ailments mentioned above should they occur and any other urgent medical issues should they occur.

I give permission to have Ohana Veterinary Care treat my pet ONLY for the common boarding ailments mentioned above should they occur. Any other urgent medical issue must be authorized using the emergency phone number above.

**Signature of Authorized Party:** \_\_\_\_\_

**Date:** \_\_\_\_\_