



Pet Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: Y/N



Checked In (initial)

\_\_\_\_\_

Staff Usage: Client ID: \_\_\_\_\_ Patient ID: \_\_\_\_\_

# Medical Boarding Questionnaire

In order to better assist us in caring for your pet, please answering the following questions and plan for additional time to be checked in appropriately by a veterinary assistant:

Date of Admission: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

1.) Please indicate the reason your pet is Medical Boarding:

\_\_\_\_\_

2.) Did you bring your pet's food?  Yes  No

If yes, what type of food does your pet eat? \_\_\_\_\_

How much per feeding? \_\_\_\_\_ How often? \_\_\_\_\_ When was your pet last fed? \_\_\_\_\_ am/pm

If your pet isn't eating while here with us - are you okay that we substitute a bland diet? Or do you prefer a phone call prior to any diet changes per the DVM? \_\_\_\_\_

3.) Is your pet on any medications (please list all, including supplements)? Yes or No

Medications are required to be in original container with prescription on it.

If yes, why was your pet prescribed these medications? \_\_\_\_\_

How do you give your medications? Example: in dry food, treats, canned food, etc \_\_\_\_\_

- Medication: \_\_\_\_\_  
How much \_\_\_\_\_ How often \_\_\_\_\_ Next Dose Due: Date & Time \_\_\_\_\_
- Medication: \_\_\_\_\_  
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4.) Please let us know if there are any other special requirements or requests that would help us make your pet's stay more comfortable (extra bedding, extra walks, treats, etc): \_\_\_\_\_

5.) Are we your regular veterinarian? Yes or No If no, please list where: \_\_\_\_\_

6.) We now offer 2 selections of care for your pet. Please initial which one you'd prefer.

\_\_\_\_\_ Your pet will receive 6 walks daily.

\_\_\_\_\_ Your pet will receive 4 walks and a playgroup if he/she qualifies. (Note: It may require approval by a veterinarian.)

Should some unexpected lifesaving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment and I agree to pay for such care. In the event that my pet has cardiac or respiratory arrest, and basic life functions cease, I authorize Animal Medical Hospital to perform the following (please initial):

\_\_\_\_\_ Full CPR: entails providing respiratory support and ventilation, full chest compressions, and administering medications in an attempt to restart basic life functions including a heartbeat and breathing functions. Estimated cost for such care: up to \$400

\_\_\_\_\_ DNR: Do not resuscitate: entails taking necessary steps and administering necessary medications to prevent undue suffering and pain, but NO life saving measures will be taken.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please continue reading and fill out the necessary portions if your pet has SEIZURES or is a DIABETIC.



Pet Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

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Checked In (initial)

\_\_\_\_\_

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**Please read and fill out the below portion if your pet has SEIZURES:**

For our patients with seizures we offer medical boarding in our ICU facility. This ensures that there is 24 hour monitoring in the case of a seizure, and appropriate intervention can take place. Since every patient with seizures is different, we ask that you take a moment to fill out this simple form to ensure that the medical team knows how to best manage your pet in the case of a seizure while you are away.

1. How frequently does your pet have seizures?
  
2. When was your pet's last seizure?
  
4. In the event that your pet has a seizure while in our care is there a protocol that you have established with your veterinarian to treat seizure activity?

If not, our doctors will treat prolonged seizures as deemed medically necessary.

5. Would you like to be contacted if your pet has a seizure while in our facility?

Yes, anytime of day \_\_\_\_\_

Yes, but only update me once a day in the morning \_\_\_\_\_

No, please only alert me if there is a life threatening situation \_\_\_\_\_

6. Is there any additional information that we need to know about your pet's seizures? \_\_\_\_\_

**Please read and fill out the below portion if your pet is a DIABETIC:**

• Insulin Administration

○ **Type of insulin you are giving:** \_\_\_\_\_

○ **Type of syringe?** U-40 or U-100

○ **What time(s) of day do you administer insulin? How much insulin do you administer each time?**

▪ \_\_\_\_\_ am \_\_\_\_\_ units

▪ \_\_\_\_\_ pm \_\_\_\_\_ units

○ **Where do you administer insulin?** \_\_\_\_\_

• Feeding

○ What time(s) of day do you feed your pet? \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_ free choice

○ Amount: \_\_\_\_\_

○ Was your pet fed today? Yes or No If yes, what time? \_\_\_\_\_

○ Did your pet eat? ate well ate half ate a little didn't eat

○ Does your pet receive any snacks? Yes or No

▪ If yes, please list what type, the amount and when they are given:

\_\_\_\_\_

Please tell us anything else you think may help us treat and/or help regulate your pet's diabetes. If you have specific instructions from your veterinarian about insulin administrations if your pet doesn't complete a meal please list it here.



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