



Aldine Animal Hospital

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www.aldineanimalhospital.com

Drop Off/Boarding Sheet/Vaccination Release

Name _____ Pet's Name _____

Why are we seeing your pet today? _____

Discharge Date: _____ Bath? Yes or No

Please describe sickness/injury: _____

How long has your pet experienced this condition? _____

Has condition occurred in the past? Yes/No

If yes, how was it treated? _____

Do we have permission sedate your pet if needed? Yes _____ (initial)/No _____

Can we do **LABWORK** (yes / no) or **X-RAYS** (yes / no) if needed ? _____

Is your pet currently on any **MEDICATION** and if so, what kind? _____

.....

If possible, please answer the following questions to expedite the diagnostic process.

1. **APPETITE** - Normal (yes / no) Increased (yes / no) Decreased (yes / no)

How long? _____

What kind of food are you feeding? _____

When did your pet last eat? _____

2. **DRINKING** - Normal (yes / no) Increased (yes / no) Decreased (yes / no)

How long? _____

3. **ENERGY LEVEL** - Normal (yes / no) Increased (yes / no) Decreased (yes / no)

How long? _____

4. **VOMITING** - (yes / no)

How long? _____

How often? _____

When? A. (Before / After) eating. B. Other times _____

What is being vomited? A. Food B. White foam C. Bile (yellow color)

"We care about pets and their people"

5. BOWEL MOVEMENTS:

Are your pet's bowel movements: normal / hard / soft / diarrhea / bloody / unsure
Last bowel movement:_____Frequency:_____ Voluntary/Involuntary
Could your pet have eaten something other than its food? Yes/No If yes, what?_____

DIARRHEA - (yes / no)

How long?_____

| | |
|--------------------------------------|--------------------------------------|
| Mucus in stool? (yes / no) | Blood in stool? (yes / no) |
| Frequent small amounts? (yes / no) | Or large amounts? (yes / no) |
| Straining to defecate? (yes / no) | Abnormal amount of gas? (yes / no) |

Do you hear intestinal sounds? (yes / no)

6. WALKING - Normal (yes / no)

How long? _____

When do you notice the problem?
A. When first gets up B. After exercise C. All the time

Limping on? A. Right front B. Left front C. Right rear D. Left rear

Walking with stiff or arched back? (yes / no)

7. URINATION - Normal (yes / no)

How long? _____

| | |
|------------------------------------|-----------------------------------|
| Increased amount? (yes / no) | Increased frequency? (yes / no) |
| Straining to urinate? (yes / no) | Dribbling urine? (yes / no) |

Blood in urine? (yes / no)

When the pet is urinating, what time do you see blood?
A. Beginning B. Ending C. All the time

8. SKIN - Is your pet itching? Yes/No Is the skin red? Yes/No Is the skin oozing? Yes/No

ITCHING - (yes / no)

How often? Occasionally or Constantly

Where? A. Tail area B. Body C. Ears

How long?_____

Is it seasonal? (yes / no) If so, what seasons?_____

Has your pet responded to medications or injections? (yes / no)

If so, which ones?_____

Is your pet on flea control? (Yes / No)

If so, what type? A. Trifexis B. Comfortis C. Frontline D. Sentinel
 E. Activyl F. Advantage Multi. Other:_____

9. COUGHING - (yes / no) **SNEEZING** - (yes / no)

How often? Occasionally or Constantly

Coughing up phlegm? (yes / no) or blood? (yes / no)

Coughs most?
A. After exercise B. At night when lying down C. First thing in the morning

10. LUMPS - Where is it located?_____

How long has it been there?_____

Is it growing quickly?_____

11. DOGS - Is your dog on heartworm prevention? (yes / no) Date last given?_____

If so, what type? A. Trifexis B. Heartgard C. IverHart Max D. Sentinel

E. Revolution F. Advantage Multi. Other: _____

12. CATS - Has your cat been tested for Feline Leukemia? (yes / no)

or Feline AIDS (FIV)? (yes / no)

Is your cat currently vaccinated for Feline Leukemia? (yes / no)

or Feline Infectious Peritonitis (FIP)? (yes / no)

Is your cat on heartworm prevention? (yes / no)

COMMENTS TO DOCTOR: _____

PLEASE NOTE:

Vaccination Policy: For your pet's protection and out of consideration to other boarders, we must be able to verify that your pet is current on all immunizations, or we will do them at admission. This expense will be added to your boarding fees at the regular charge.

Flea/Tick Policy: We must make every effort to prevent a flea/tick infestation in our hospital. Every pet admitted for boarding will be examined for fleas and ticks upon check-in. If they are present, we will bathe your pet and/or administer a Capstar. These expenses will be added to your boarding fees at the regular charge.

MINIMUM BOARDING RATES INCLUDE:

- * Feeding Science Diet; dry, canned, or mixed.
- * Cleaning environment as necessary.
- * Twice daily walks to allow outdoor urinary & bowel habits.
- * Complimentary bath/dip if pet stays > 4 nights.
- * Daily heartworm preventives or vitamins brought from home will be administered.
- * Our usual Tender Loving Care!

MINMUM DAILY BOARDING RATES

| | |
|-------------------|---------|
| DOGS: 0-25 lbs. | \$14.00 |
| 26-50 lbs. | \$16.00 |
| 51 lbs. & up | \$18.00 |
| Rabies Quarantine | \$30.00 |
| CATS: | \$14.00 |

--ADDITIONAL "SPECIAL" SERVICES--

You may request that special services be provided while your pet is in our care. Please indicate which services you desire by checking the box(es) below. A few of the additional services we provide are:

- Nail Trim. \$10.00
- Bath \$28.00

Declining Vaccination Release of Liability - Canine

I, _____, owner of _____, am of the understanding that declining the administration of the annual canine vaccine Rabies, DHLPP, Bordetella, both CIV (H3N2 & H3N8) to my dog. I am putting my dog at risk of developing distemper, hepatitis, leptospirosis, parvovirus, parainfluenza corona virus, canine flu, and "kennel cough". I hereby release Aldine Animal Hospital and Dr. Briles of any responsibility if my dog developed any of the above diseases.

Owner Signature

Date

Declining Vaccination Release of Liability - Feline

I, _____, owner of _____, am declining the administration of the annual feline vaccine Rabies, FVRCP and FeLV to my cat. I am putting my cat at risk of developing rabies, rhinotracheitis, calici, panleukopenia, chlamydia, and feline leukemia. I hereby release Aldine Animal Hospital and Dr. Briles of any responsibility if my cat developed any of the above diseases.

Owner Signature

Date

CONSENT/AUTHORIZATION:

I am the owner or authorized agent for the owner of the above described animal. I hereby authorize Aldine Animal Hospital to act in my behalf and in my pet's best interest by providing care and treatment for my pet(s) at my expense in the event this facility deems such measures necessary during boarding. I agree to pay all fees on the day of discharge of my pet(s) and understand that my pet(s) may not leave the premise until all fees are paid in full. I understand any pet left longer than ten days beyond the agreed date of discharge may be sold or disposed of at the discretion of the owners of this facility. I will not hold Aldine Animal Hospital, the Doctors, or the staff liable for any complications.

I have read and understand this authorization and consent form.

Signature: _____ **Date:** _____

Date Drop off: _____ **Pick-Up Date:** _____

Phone Number(s) where you can be reached: _____ or _____