

Iowa Veterinary Specialties

Medical Boarding Admission Form

Admission Date: _____ Time: _____

Expected Discharge: _____ Time: _____

For Office Use Only

Client Information

Primary Contact _____ Primary Telephone () _____

Secondary Contact _____ Secondary Telephone () _____

Correspondence Expectations (Please circle preference)

Call Daily Call Twice Daily Owner Will Call Us Call for Emergency Only

Other: _____

Who may receive updates on your pet: _____

Expected Visitors: Yes or No Who is allowed to visit: _____

Patient Information

If unforeseen complications arise, the doctor will perform resuscitation efforts unless marked otherwise.

Resuscitation Efforts: [] DNR (Do Not Resuscitate) [] Resuscitate

Medical Condition(s) _____

Medication	Dose	Time Administered Today
1. _____		
2. _____		
3. _____		
4. _____		

Diet _____ Instructions _____

Special notes about your pet (i.e., fear of storms, not good with other animals etc.)

Consent/Release: I give permission to the doctors and staff of Iowa Veterinary Specialties to perform any emergency procedures deemed necessary during my pets stay and agree to charges that will be incurred even if I am not able to be reached by the contact information listed.

Signature _____ Date _____

Clinic Use Only

ER Check In Form _____ Estimate _____ Deposit _____ Exam _____