

**Boulevard Veterinary Hospital
6636 Virginia Beach Boulevard
Norfolk, VA 23502
757-461-4416**

Name: _____ Pet Name: _____

Address: _____

City, State, Zip: _____, _____

Phone #: _____

Is your pet on heartworm prevention? Yes No Has your pet experienced any of the following?

Increased Appetite ___yes ___no Decreased Appetite ___yes ___no Drinking more ___yes ___no
Drinking Less ___yes ___no Urinating More ___yes ___no Weight Gain ___yes ___no
Vomiting ___yes ___no Diarrhea ___yes ___no Coughing ___yes ___no Sneezing ___yes ___no

Is your pet in heat? _____ Pregnant? _____

What do you feed your pet? How much?

Does your pet need to be medicated while boarding? Yes No (There is a charge for all medicated boarders)

List Medications: _____

Would you like your pet bathed while boarding? ___yes ___no

ALL CLIENTS ADMITTING AN ANIMAL MUST INITIAL THE BOXES BELOW

[] Yes, I want my pet to have pre-surgical blood screen.

[] Yes, I give permission to sedate for his/her safety and well being.

[] Yes, I give permission for a fecal exam if we see the need

[] Yes, I would like prescription pain medications ready to take home after surgery.

[] I acknowledge that this is a flea free hospital and if any fleas are found on my pet Advantage will be applied at the owner's expense.

[] I acknowledge this is a medical facility and that there is the capability to treat my pet if it develops a medical problem while under going any procedure in this hospital. This will be done at the doctor's discretion. I understand I will be responsible for additional charges.

I am the owner or authorized agent of the owner of Pepper presented for care.

Signed _____ Date _____
(Owner/ Agent)

EMERGENCY PHONE _____