



Cumberland

Animal Clinic

1860 Spring Road

Smyrna, GA 30080

Boarding Admission Form

Client: Florida Shar pei Rescue Florida Shar pei Rescue

Patient: Smokey #43739, 0Lbs.

Arrived: Friday,

June 15, 2012

Owner phone number:

781 883-3699

Expected discharge date:

Alternative contact phone number(s):

Sue Melton Florida Shar Pei Rescue
(727) 343-2260

*Emergency contact name and number (other than owner):

Sue Melton

727 343-2260

*will only be used if we cannot reach the owner in event of an emergency

If your pet is to be picked up by someone other than yourself, please list their name(s) below

Contact name(s):

[Signature]

1) In the event of illness or injury, do you prefer that we (choose ONE):

- ☐ Contact emergency number PRIOR to any treatment
- ☐ Provide emergency medical attention AS NEEDED
- ☐ Treat my pet as needed, but DO NOT EXCEED \$ _____

Signature: _____

2) Are your pet's vaccines current or do we need to update them?

- ☐ Current, place given _____
- ☐ Needs to be updated, please update while here

*All boarders must be current on all vaccinations (with the exception of pets with a valid medical issue.)

3) Is your pet aggressive toward people and/or other pets? ☐ Yes ☐ No

*If Yes please specify: ☐ People ☐ Cats ☐ Dogs

Has your pet ever bitten anyone? ☐ Yes ☐ No

4) Is your pet an escape artist? ☐ Yes ☐ No

5) How often does your pet eat? ☐ Free Fed OR Scheduled Feeding: ☐ Once daily ☐ Twice daily ☐ Three times daily

If scheduled feeding, what quantity does your pet eat total per day, and how is it divided?

DRY FOOD _____ cup(s) → Divided into: AM _____ cup(s) Mid-day _____ cup(s) PM _____ cup(s) and/or

WET FOOD _____ can(s) → Divided into: AM _____ cans(s) Mid-day _____ cans(s) PM _____ cans(s)

How many feedings has your pet already had today? _____ DRY and/or _____ WET

6) Please check any of the following services you would like performed while your pet is boarding:

- ☐ Annual vaccinations and Exam
- ☐ Apply/administer flea medication (Describe _____)
- ☒ Nail trim
- ☐ Express anal glands
- ☐ Lab Work/X-rays
- ☐ Dental cleaning (Please complete the surgery release form)
- ☐ Other (please specify): eye sx Tuesday 6/19

7) Is your pet taking any medication that our technicians need to administer while boarding? ☐ Yes ☐ No

If yes, what and how often: (if more than two, please attach a list of additional medications)

Medication name(s) & dosing: 1.) _____

2.) _____

**How many doses has your pet already had today? 1.) _____

2.) _____

8) Please let us know what you are leaving with your pet (provide description of item(s) on line provided):

- ☐ Food
- ☐ Treats
- ☐ Bedding, etc
- ☐ Meds (listed above)
- ☐ Collar
- ☐ Leash
- ☐ Carrier
- ☐ Toys
- ☐ Other

*Please do not leave any items of value with your pet. CAC is not responsible for lost items.

9) Is there anything else you would like us to know?

- * If parasites and/or fleas are found on the pet during the stay, they will be treated as Cumberland Animal Clinic determines, and the cost of the treatment(s) will be added to the total bill.
- * After the fifth night a bath is given prior to discharge (dogs only) as a complimentary service. However, if the pet's health or temperament makes it hazardous to the staff or the pet, the pet will not be bathed.
- * All reasonable precautions will be used to prevent injury and escape of the pet. Cumberland Animal Clinic is not responsible for the actions of the pet that may cause injury and/or escape.
- * All pets not picked up within 7 days after the scheduled departure date, unless otherwise notified, will be considered abandoned. Cumberland Animal Clinic reserves the right to find proper placement for the pet.

CHECK-IN REPORT

For Smokey Florida Shar pei Rescue

Client ID: 25574	Current: \$0.00	Credit Level: Cash, Check, Cr Card
Client Name: Florida Shar pei Rescue	30 Days: \$0.00	Billing chg: No
Address: 5514 NW 99th Terrace	60 Days: \$0.00	Last Pay Date: 5/31/2011
Gainesville, FL 32653	90 Days: \$0.00	
Phone: (352) 332-3732	Total: \$0.00	

Patient ID: 43739	Species: Canine	Color: Gray	Weight: 0.0 pounds
Patient Name: Smokey	Breed: Shar Pei, Chinese	Age: 12 Mos. 0 Wks. 0 Days	Sex: Neutered Male

Reason For Visit: Boarding Arrival Day	Check-In: 6/15/2012 3:39:26 PM
Room: Drop Off/Boarding	Staff: Medical Staff

Additional Notes: Board till Thursday 6/21

APPOINTMENT:

Date: 6/15/2012	12:40 pm Reason: Boarding Arrival Day	Room: Drop Off/Boarding	Prefix: vm
Time Units: 2	Staff: Medical Staff	Amount: 0.00	
Date: 6/19/2012	2:50 pm Reason: Surgery	Room: Dr. DeHaven	Prefix: vm
Time Units: 5	Staff: Michelle J. DeHaven, DVM, Dr.	Amount: 0.00	

comforts
given
6-19

☐ Entropion SX

HA negative

w-44.0

Robin-
Smokey will not
go out on a
leash- just the
open door to the
run+ he'll go
out.
I have met from
in the cage in the
the trailer + in the
bag-
pls mix w/
our dry food.
Vic

COLBERT COUNTY ANIMAL CONTROL MULTIPLE IMPOUNDMENT CARD											
Date and Time of Impoundment Month Day Year Time 6 5 12 9:37				Received By 104		Species K-9 <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/>		Reason for Impoundment Stray <input type="checkbox"/> At Large <input type="checkbox"/> Confiscated <input type="checkbox"/> Injured <input type="checkbox"/> Unwanted <input checked="" type="checkbox"/>			
Drop Box <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Checked In <input type="checkbox"/>				Address/Location 7th Street Cherokee				Case #			
Rabies Tag Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Collar Y <input checked="" type="checkbox"/> N <input type="checkbox"/>											
Shelter ID#		Pen #		Shelter ID#		Pen #		Shelter ID#		Pen #	
117				120							
Breed: Shar-Pei		Breed: Shar-Pei		Breed:		Breed:		Breed:			
Age: 3 yrs		Sex: M		Age: 1 yr		Sex: M		Age:		Sex:	
Size: S M L		Adopted: Y N		Size: S M L		Adopted: Y N		Size: S M L		Adopted: Y N	
Red <input type="checkbox"/>		Orange <input type="checkbox"/>		Red <input type="checkbox"/>		Orange <input type="checkbox"/>		Red <input type="checkbox"/>		Orange <input type="checkbox"/>	
Brown <input type="checkbox"/>		Black <input checked="" type="checkbox"/>		Brown <input type="checkbox"/>		Black <input type="checkbox"/>		Brown <input type="checkbox"/>		Black <input type="checkbox"/>	
Tan <input checked="" type="checkbox"/>		Blonde <input type="checkbox"/>		Tan <input type="checkbox"/>		Blonde <input type="checkbox"/>		Tan <input type="checkbox"/>		Blonde <input type="checkbox"/>	
Gray <input type="checkbox"/>		White <input type="checkbox"/>		Gray <input type="checkbox"/>		White <input type="checkbox"/>		Gray <input type="checkbox"/>		White <input type="checkbox"/>	
Tabby <input type="checkbox"/>		Brindle <input type="checkbox"/>		Tabby <input type="checkbox"/>		Brindle <input type="checkbox"/>		Tabby <input type="checkbox"/>		Brindle <input type="checkbox"/>	
Calico <input type="checkbox"/>		Blue <input checked="" type="checkbox"/>		Calico <input type="checkbox"/>		Blue <input type="checkbox"/>		Calico <input type="checkbox"/>		Blue <input type="checkbox"/>	
Chocolate <input type="checkbox"/>				Chocolate <input type="checkbox"/>				Chocolate <input type="checkbox"/>			
Euthanized Y <input type="checkbox"/> N <input type="checkbox"/>		Vicious <input type="checkbox"/> Sick <input type="checkbox"/> Age <input type="checkbox"/> Other <input type="checkbox"/>		Euthanized Y <input type="checkbox"/> N <input type="checkbox"/>		Vicious <input type="checkbox"/> Sick <input type="checkbox"/> Age <input type="checkbox"/> Other <input type="checkbox"/>		Euthanized Y <input type="checkbox"/> N <input type="checkbox"/>		Vicious <input type="checkbox"/> Sick <input type="checkbox"/> Age <input type="checkbox"/> Other <input type="checkbox"/>	

LUCA Smokey

Neuter X2
Rabies X2
Heart Worm
test X2

LUCA - OHW: ~~+~~
Positive 3
Rabies ~~+~~
Neuter ~~+~~

43.6 lbs.

Smokey - OHW ~~+~~ Neg.
Rabies ~~+~~
Neuter ~~+~~