

BOARDING FORM

Date: <date>	Patient: <Animal>	Client: <first-name> <last-name>		
Email:	<e-mail>			
Home Phone:	<area> <phone>	Business:	<business>	Cell: <cell-phone>

Add'l Phone: _____ **Emergency Contact:** _____

Items Left With <Animal> _____

Medications Brought With <Animal> _____

Prefer to feed with hospital food () or your own food () Type Food Dry () Can ()

Food Brand of food and how much per day? : _____

****If your pet refuses to eat while boarding the doctor will offer a hospital food or administer a medication to help your pet to eat. You will be responsible for the cost of the med/food. This is for the comfort and well being of your pet.****

POLICES

Our greatest concern is the well-being and happiness for your pet. To protect your pet and all pets while boarded, we require all vaccinations to be current. Bordetella Vaccine must have been given within the last six months, and **Canine Influenza Vaccine must have been given within the last year**. In addition, flea control is a high priority. To keep our kennel and our exercise yard free of fleas, all pets will be examined upon admission to boarding. If fleas or flea dirt are found, a Flea Control Product will be applied to your pet at an additional cost to you. All pets must have been given a flea control product within the last four weeks, or one will be applied at a charge to you. When was your pet's last application? _____

Also, all pets will need to have been given a general de-worming within last 6 months or we will give one and charge to you. When did your pet last have de-worming? _____ (our staff can look up)

If your pet develops a life threatening problem while being boarded, your pet will receive the appropriate diagnosis and treatment, medications will be administered, and you will be responsible for all fees involved in stabilizing your pet.

If a medical problem arises during boarding, I authorize doctor to treat my pet. Y () N ()

We strive to keep your pet free from stresses. However, the process of boarding a pet, despite our best care, can stress your pet. Do you want us to do a physical examination upon pet's admission? Y () N ()

BOARDING LEVELS OF CARE

_____ Level 1 (Basic) Three exercise times Monday through Saturday and twice on Sundays.

Dog < 20 lbs \$25.80; 21-60 lbs \$28.00; 61-80 lbs \$29.10; > 80 lbs \$30.20/ Cats \$23.60

_____ Level 2 (Paws for Fun) Cats. Includes petting, brushing, treats

Dogs. Includes Level 1, plus extra playtime with toys, like squeaky toys, Frisbee, tennis ball fetch, etc., plus treats.

Dog < 20 lbs 34.60; 21-60 lbs \$36.80; 61-80 lbs \$37.90; > 80 lbs \$39.00/ Cats \$26.90

TEMPERAMENT ASSESSMENT

If you have requested Level 2 boarding, your pet's first visit will consist of a temperament assessment. If we determine that your pet may place themselves or other dogs at risk, they will only be eligible for Level 1 boarding.

_____ **If my pet does not pass the temperament assessment I understand that my pet will have Level 1 boarding.**

BATHING SERVICES

We strive to keep your pet clean and free of odors. However, we cannot prevent your pets soiling itself. We recommend all pets to be bathed before they are discharged to have them clean and free of odors. If you choose a bath for your pet, there will be a charge. If your pet soils itself while here and we have to bathe them, there will be a 50% charge for the bath.

Pick up, if bathed, between 4-6 p.m. I would like to have my pet bathed (nail trim and minor ear clean included). Yes () No ()

ORTHOPEDIC AIRBEDS - These are high quality airbeds that are extremely comforting for arthritic or post-op pets.

****If your pet destroys the airbed there will be a charge of \$80 to cover the cost of the bed.**

I would like my pet to have an Orthopedic Airbed (\$5 a day) Yes () No ()

LIABILITY RELEASE (Please initial) _____

We will not be held liable or responsible in any manor or any circumstances with any boarding or services performed, as it is thoroughly understood that I assume all risks. We cannot be responsible for personal bedding, toys, leashes, or collars.

I have read this form in completion and agree to all its requirements and statements.

Signature of Owner or Authorized Agent _____ Date _____

_____ **All products and services must be paid in full upon completion**

