



# Boarding Information / Consent Form

Pet Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Weight @ Check-In: \_\_\_\_\_ FAS: \_\_\_\_\_  
 Boarding Check-In Date: \_\_\_\_\_ Boarding Check-Out Date: \_\_\_\_\_

## Feeding Instructions

Type of Food	# of Cans or Bags Brought	Amount to Feed per Meal	When to Feed	Notes
Wet Food			AM / PM / Both	
Dry Food			AM / PM / Both	

	What Treats Were Brought	Can Pet Have Other Treats?	Notes
Treats		Y / N	

## Medication Instructions

Medication Name	Strength	Dose	Instructions

## Pet's Possessions

List of Possessions with Pet (please label): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Fill This Section Out at Drop Off

Has <animal> been fed?  Yes  No      Has <animal> been medicated?  Yes  No  
 Has <animal> been walked?  Yes  No  
 Does <animal> have a bite history?  Yes  No    If yes, when? \_\_\_\_\_  
 Is <animal> on Heartworm Preventative?  Yes  No    Which one? \_\_\_\_\_  
 Is <animal> on flea and tick preventative?  Yes  No    Which one? \_\_\_\_\_

Note: If your pet is not on a heartworm or flea and tick preventative, we will apply a dose here. The cost will be for each single dose of whichever preventative your pet needs and an administration charge of \$10.65.

OWNER INITIALS: \_\_\_\_\_

## Services While Boarding

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Nail Trim \$38                     | <input type="checkbox"/> Dremel Nail Trim \$42         | <input type="checkbox"/> Anal Gland Expression \$48 |
| <input type="checkbox"/> Dog Bath 0-25lbs \$62              | <input type="checkbox"/> Dog Bath 26-50lbs \$73        | <input type="checkbox"/> Dog Bath 51-75lbs \$83     |
| <input type="checkbox"/> Dog Bath 76+lbs \$93               | <input type="checkbox"/> Cat Bath \$67                 |   |
| <input type="checkbox"/> Annual Exam \$102                  | <input type="checkbox"/> Health Issue Exam \$109       |   |
| <input type="checkbox"/> Routine Fecal Test \$94            | <input type="checkbox"/> Fecal Test for Diarrhea \$140 |   |
| <input type="checkbox"/> Vaccinations (cost varies) _____   |  |   |
| <input type="checkbox"/> Other Services (cost varies) _____ |  |   |

OWNER INITIALS: \_\_\_\_\_

## Boarding Guidelines

If your pet is not eating well, we will supplement with canned Hill's Prescription i/d food at cost. If your pet is found to have fleas or ticks at the time of check-in, a dose of preventative will be applied. If your pet develops a medical problem while boarding (such as diarrhea, vomiting, hot spots, etc.), it will be necessary to examine, treat, and possibly dispense medications for these problems at cost. If a pet with a current medical condition requires additional care (such as bandage changes or maintenance), those will be provided at cost. If a pet requires bathing, it will be provided at cost. These services are not included in the standard boarding fees and will be at the discretion of the doctor. The hospital provides bedding for boarders during their stay. Owners may leave a small item (like a blanket or shirt) from home. Cat carriers will be returned immediately to clients as we do not have the storage space to keep them onsite.

I have read and understand the above form and had the opportunity to ask any questions

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location While Away: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Checked in by: \_\_\_\_\_ Settled by: \_\_\_\_\_