



BOARDING AGREEMENT

Owner: _____

Arrival Date: _____

Pet's Name _____

Departure Date: _____

DOG CAT

OFFICE USE ONLY: TREATMENT BOARDER

HEALTH INFORMATION

We are a full service veterinary hospital that also provides boarding services for our client's pets. As such, we provide the same high standards of medical care for our boarding pets that we do for our hospital patients. Please be aware that some animals do experience stress-related illness, and boarding may cause their chronic conditions to worsen during their stay. Please be advised that any observed untreated, or worsening pre-existing or chronic health conditions that are causing discomfort, will be treated by our veterinarians at our standard rate.

CLIENT INITIALS: _____

EXAM AND VACCINE INFORMATION

Our records indicate that the following required exam and/or vaccines are due:

- | | |
|--|---|
| <input type="checkbox"/> Annual Exam*\$64.00 | <input type="checkbox"/> FVRCP: 1- 3 years \$15.50 |
| <input type="checkbox"/> DHPP; 1-3 years.....\$15.50 | <input type="checkbox"/> Rabies – 1-3 Years \$17.50 |
| <input type="checkbox"/> Bordetella – Annual.....\$22.50 | <input type="checkbox"/> Vaccines are current |
| <input type="checkbox"/> Medication Administration.....See Below | <input type="checkbox"/> Diabetic Pet: additional fees will apply |
| <input type="checkbox"/> Lepto (dogs) \$22.50 <input type="checkbox"/> FeLV (cats) \$22.50 | <input type="checkbox"/> Fecal—Annual.....\$34.20 |
- Lepto and FeLV are NOT required for boarding*

We require an exam be performed by one of **our doctors within the last year as boarding services are for our clients only*

OFFICE USE ONLY – Client Notified on ___/___/___ LMOM TTO Initial _____

Please notify the front desk if you would like your pet examined by a doctor while boarding:

MEDICATION INSTRUCTIONS

THE CHARGE FOR ADMINISTERING MEDICATIONS IS:

Once a day \$4.50; Twice a day \$7.00; Three times a day or more \$9.50 per day

THE CHARGE FOR ADMINISTERING OWNER SUPPLIED SUBCUTANEOUS FLUIDS IS \$12.00 PER DAY

We are happy to dispense a new bag of fluids to use while your pet is here if needed.

All medications must be in clearly labeled containers with the pet's name, medication name, and dosing instructions. We cannot give medication that has been pre-mixed in food as there is no way to ensure proper administration or ingestion.

MEDICAL CONDITIONS: _____

Medication: _____ Directions: _____ Next Dose Due: _____

Medication: _____ Directions: _____ Next Dose Due: _____

FEEDING INSTRUCTIONS

We feed Pro Plan Adult Chicken and Rice or Purina EN to all boarding pets twice daily. If your pet requires a special diet or if you prefer to keep them on their regular diet, you are required to provide that diet. We are unable to feed any diet with a raw meat component. All prescription diets we carry may be purchased for use while your pet is here.

Please feed my pet one of these diets while they are here **OWNER INITIALS** _____

OWN DIET PROVIDED Name of Diet _____

Dietary Concerns (food allergy, etc.) _____

Feeding Instructions: *If you do not provide specific feeding instructions, we will feed twice daily based on your pet's species and weight*

Times per day _____ Amount _____ Special Instructions _____

BEHAVIORAL INFORMATION

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Fearful or nervous | <input type="checkbox"/> Aggressive with people | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Aggressive with dogs | _____ |

FLEA AND TICK CONTROL

Do you routinely use flea and tick control on your pet? YES NO

If yes, what product? _____

When was the last dose administered or applied? _____

BELONGINGS

We provide fresh bedding for your pet daily. Personal belongings may be left with your pet however we are not responsible for loss or damage.

We recommend labeling your pet's belongings with his or her name and your last name.

We recommend only bringing beds that are fully machine washable.

Please list any belongings you will be leaving (please describe in detail):

ADDITIONAL SERVICES

- | | | |
|---|--|--|
| <input type="checkbox"/> Nail Trim - Dog\$16.00 | <input type="checkbox"/> *TLC - Dog \$9.00 | <input type="checkbox"/> Bath - Short haired dogs only. |
| <input type="checkbox"/> Nail Trim - Cat\$11.00 | <input type="checkbox"/> With other dogs | Please check with the front office |
| <input type="checkbox"/> Anal Glands \$38.00 | <input type="checkbox"/> Without other dogs | for pricing and availability. |
| <input type="checkbox"/> Microchip** \$74.00 | <input type="checkbox"/> *TLC - Cat \$6.00 | Your pet will be ready after |
| ** Includes Registration | | 6:00pm Monday—Friday |

TLC Amount: * Once daily Every Other Day Specific Dates _____

We are able to provide TLC services a maximum of once a day on selected days.

*TLC is a session of play time and special attention with your pet(s), for a duration of at least 15 minutes.
The fee listed above is per session.*

***TLC is REQUIRED a minimum of every other day at the owner's expense for:
Puppies less than 12 months of age, AND any pet boarding longer than 2 weeks.**

OFFICE USE ONLY: FO: Checked in by _____ AC: Double checked by _____ FO: Charges entered in by _____





MEDICAL CONSENT AGREEMENT & BOARDING CONTRACT

POLICIES AND GENERAL INFORMATION

Please pick up your pet(s) no later than **30 minutes prior to closing.**
 We are closed on all major holidays, and close early on Thanksgiving Eve and Christmas Eve.
 Please ask a Front Office Associate or visit our website for more details.

TLC is **required** every other day at the owner's expense for:

- Puppies less than 12 months of age, AND
- Any pet boarding longer than 2 weeks.



Fees for medication administration will apply for ALL medications and supplements
 Subcutaneous fluids administration is **\$12.00 per day**
 Personal belongings may be left with your pet. All reasonable care will be taken to ensure your belongings are returned to you however we are not responsible for loss or damage
DUE TO SAFETY REASONS, UNDER NO CIRCUMSTANCES WILL PETS BE RELEASED AFTER HOURS

CONSENT

I understand and agree to the Companion Animal Hospital exam and vaccination requirements for boarding, and understand if proof of vaccination cannot be provided, my pet(s) will be examined and/or vaccinated in order to meet the boarding facility standards.

For the protection of all pets under the hospital's care, external and internal parasites, including fleas, will be treated at a reasonable fee.

I acknowledge that Companion Animal Hospital will take all reasonable care for any belongings left with my pet(s), and is not responsible for loss or damage of said items.

Being away from home can be stressful and, as stated on the previous page, pets may be prone to worsening chronic conditions, or symptoms such as diarrhea, vomiting, constipation, anorexia, etc. If your pet experiences symptoms from stress while boarding, we will provide treatment as deemed necessary by the medical staff. Since these symptoms are typically mild and easily treatable, you will be notified upon discharge of your pet.

In the event more extensive treatment is necessary, we will make every attempt to reach you at the contact numbers you have provided.

I authorize Companion Animal Hospital to treat my pet(s) for any illness or injury that may arise while boarding. I give my consent to all hospital care and associated costs deemed necessary by the veterinarian and accept full financial responsibility upon pick-up.

Name of individual picking up pet(s), *if other than the owner:* _____

Emergency contact: _____ Phone: _____

Your name (please print): _____ Phone: _____

Owner/Agent Signature: _____ Date: _____

TO ENSURE THE SAFETY OF YOUR PET, WE CAN ONLY RELEASE PETS TO THE OWNER OR TO THE INDIVIDUAL NAMED ABOVE

