

COMPANION ANIMAL HOSPITAL
DAY BOARDING AGREEMENT

Owner: _____

Guest(s): _____

Dwelling Size: _____

DAY BOARDING—GENERAL INFORMATION

We appreciate you entrusting your pet's care to us and will make certain your furry family member receives the highest quality care available. We are a full service veterinary hospital that also provides day 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 which may cause their chronic conditions to worsen during their stay. Please be advised that any observed untreated, or worsening pre-existing, chronic health conditions that are causing discomfort, will be treated by our veterinarians at our standard rate.

Advance reservations are required for day boarding pets during busy boarding times such as holidays and summer weekends.

Day boarding fee \$15.00/day OR Day boarding with TLC \$20.50/day

TLC is required for all puppies less than 12 months old that day board

Medication administration \$4.50—\$9.50 per day for all medications/supplements

Day boarding fees for diabetic patients include all of the extra care diabetic pets require; additional monitoring, medication administration, special diets, etc.

VACCINATION REQUIREMENTS & HEALTH INFORMATION

Companion Animal Hospital requires that all vaccines be current, and that all pets boarding with us have had a physical exam with one of our doctors within the last 12 months.

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| <input type="checkbox"/> Annual Exam*\$64.00 | <input type="checkbox"/> DHPP 1-3 years.....\$15.50 |
| <input type="checkbox"/> Bordetella – Annual.....\$22.50 | <input type="checkbox"/> Rabies 1-3 Years\$17.50 |
| <input type="checkbox"/> Medication Administration.....\$4.50—\$9.50 day | <input type="checkbox"/> FVRCP 1- 3 years\$15.50 |
| <input type="checkbox"/> Fecal—Annual..... \$34.20 | |
| <input type="checkbox"/> Diabetic Pet: Canine or Feline.....\$26.00/day | <input type="checkbox"/> Vaccines are current |

MEDICAL CONDITIONS: _____

Medication: _____ Directions: _____ Next Dose Due: _____

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NOTE: All medications must be in clearly labeled containers with the pet's name and directions for administration. We cannot give medication that has been pre-mixed in food.

FEEDING INSTRUCTIONS

We feed Pro Plan Adult Chicken and Rice or Purina EN to all boarding pets. 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. 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 _____

Feeding Instructions for day boarding

Times per day 1 2 3 Amount per feeding _____ Special Instructions _____

ADDITIONAL SERVICES

You may choose to have additional services performed for your pet while day boarding, including nail trims, anal gland expression, an exam, TLC, etc. If you wish to have us perform any additional services, please clearly note it on the check-in sheet and notify a front office associate upon admission of your pet. TLC is a session of play time and special attention with your pet (s), for a duration of at least 15 minutes. If you would like a specific activity or other special request, please let the staff know upon check-in. If you choose TLC for your pet they will have one session. The fee for day boarding with TLC is \$20.50. TLC is required for all puppies under 12 months of age.

BEHAVIORAL INFORMATION

Please indicate any behavioral concerns that may apply to your pet(s):

- Fearful or nervous Poor appetite
 Aggressive with people Aggressive with dogs
 Other: _____

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? _____

MEDICAL CONSENT AGREEMENT & BOARDING CONTRACT

I understand and agree to the Companion Animal Hospital exam and vaccination requirements for boarding, and that 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 therefore pets may be prone to symptoms such as diarrhea, vomiting, constipation, anorexia, etc.

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 deemed necessary by the doctor, to be charged at regular hospital rates, 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: _____

Monday-Friday 7AM-9PM ■ Saturday 8AM-6PM ■ Sunday 10AM-4PM

*We ask that you please pick up your pet(s) no later than 30 minutes prior to closing.
Under no circumstances will pet(s) be released after hours.*

