

Animal Care Hospital Boarding Agreement

Today's Date: _____ Date of pick up: _____ AM: _____ PM: _____

Owner: _____ Phone Number: _____

Pet(s) Boarding:	Bath*		or		Full Groom**		Medication***		Special Food****	
_____	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
_____	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
_____	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

* Special Boarding Bath – **\$5.00 discount off our regular bathing fees.**

** Full Groom includes a bath *plus* breed-specific hair trim. *Must be scheduled in advance with our groomer.*

*** There will be a **\$3.50 per day fee** for administration of medicine.

**** We feed **Science Diet Adult Canine and Feline Formulas**. If your pet requires a different food, you may bring some from home. Please note that many pets do fine when introduced to a new food, but some pets may experience GI tract upset when fed a food different from their normal diet. We will treat as needed.

Emergency Contact & Phone Number: _____

Pet's Belongings: ___ Carrier (Color: _____) ___ Toys ___ Treats ___ Food ___ Medicine

Other: _____

~We do not accept bowls, collars, or leashes – please take these items home with you.

~We cannot be held responsible for bedding left with your pet.

How often & how much food do you feed your pet at home? (Examples: ½ cup AM & PM; Food available all day):

Special Instructions (Include detailed medication instructions and anything you wish the doctor to look at):

Our Vaccination Policy: To ensure the health of all pets under our care, a licensed veterinarian must have performed the following vaccinations and exams in the past 12 months. If vaccines were given elsewhere you must provide us a receipt, vaccination certificate, or give the name & phone number of the veterinary clinic that give the vaccines:

This is a must and not optional!

Dogs: Distemper-Parvo
Rabies
Bordetella (Kennel Cough)
Negative stool exam

Cats: Feline Distemper
Rabies

Yes – I give my permission to Animal Care Hospital to update my pet(s) vaccines in accordance to the above policy. **Normal charges will apply for all vaccines and exams.**

Medical Illness Policy: One of the advantages of boarding your pet at our clinic is that medical attention is ready and available if the need should arise. If your pet becomes ill, we will call the emergency contact listed above regarding your pet's symptoms, treatment options, and estimated cost of treatment. If, however, no one can be reached, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ Perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached.

_____ I authorize up to: ___ \$100 ___ \$250 Other \$_____ until someone can be reached.

_____ Do not administer any medical care until specific authorization is given.

Payment in full is due at time of pick up. Thank you.

Signed: _____ (owner or agent of pets)