

BOARDING CONSENT FORM

OWNER INFORMATION

First/Last name: _____

Address: _____

Phone number: _____

PATIENT: _____

SPECIES: _____

COLOR AND MARKINGS: _____

WEIGHT: _____ lbs.

SEX: _____

AGE: _____

ALL ANIMALS MUST BE PICKED UP DURING NORMAL OFFICE HOURS.

Drop-off date: ___/___/___ AM / PM Pick-up date: ___/___/___ AM / PM

BOARDING RATES

CANINE: \$20 per night, per dog

FELINE: \$18 per night, per cat

BATH

Cat \$35: _____

Dog <25lbs \$30: _____

Dog 26-50lbs \$35: _____

Dog 51-75lbs \$40: _____

Dog 75- 100lbs \$50: _____

Dog 100lbs and over \$60 _____

As of Sept 01, 2020, we will require a deposit of half the total cost and accept it when reservations are being made. Deposits are refundable up to 3 days prior to the drop off date.

**Baths are done the day prior to pick up. Please be sure to notify us if your plans change and you decide to pick up earlier or if you are looking to extend your pets stay. (we cannot guarantee available space) **

REQUIRED VACCINATIONS

CANINE: Distemper, Leptospirosis, Rabies, Bordetella

FELINE: Distemper with leukemia, Rabies

- We must have proof of the required vaccines and they must have been administered by a licensed veterinarian.
- Your pet must be free of parasites for the safety of your pet and other pets within this facility. We reserve the right to treat your pet for illness or parasites at your expense.

Policy When Boarding Multiple Pets in One Kennel

It is our policy that each boarder be assigned to their owner kennel. This is to ensure the safety of the patients as well as our staff members. We do understand that some pet owners request their pets be boarded together, we do try our best to accommodate these requests. However, if at any point the staff members working with your pets become concerned for your pet's safety or their own safety, they have been given instructions to separate them. Due to changes in environment, it is not always obvious when 2 pets become agitated with one another and that's when accidents can happen. Pets in our facility are not under a constant supervision and signs can easily be missed. If you decide you want your pets to be boarded together and an incident occurs, YOU, the pet owner, will assume TOTAL responsibility and give advanced consent to their treatment. If such an incident happens you will be notified immediately, if you do not respond promptly then our doctors will have to move forward with basic treatment until contact with you is made. Failure to give consent will result with the patients boarding separately.

Please initial if you agree to these terms _____

Deposit total: _____

Emergency Contact (name/number) _____

Signature: _____ Date: _____

Please list all medication brought in with your pet.
To administer medication: additional \$4 per day Int. _____

Medications: _____

Please provide the name of the food(s) you have provided for your pet and instructions on feeding.

****If you did not provide food for your pet, our facility offers a bland diet called Hills Prescription Diet i/d Low Fat and we will feed your pet the appropriate daily amount listed on the product packaging. We do not charge you any additional fee for this service. ****

Food: _____

How much? (Example: cups/serving) _____

How many times a day would you like us to feed your pet? Once _____ Twice _____ Three _____ times a day

Free Feed _____ (please note, our staff will dispose of any uneaten food after 24 hours from the time it was given)

Any additional feeding instructions:

Extras: (please leave a brief description of each item brought in with your pet)

Signature _____ Date _____

Staff use: Bin # _____ kennel # _____ Folder# _____