BOARDING FORM

Owner:
Acct #

Phone:

Patient:
Breed:
Sex:

Color:

Check out is before: (2:00pm M –F) (Sat 12:00 noon) (NO SUNDAY Pickup)

LAST PICKUP TIME IS 30 minutes before closing.

<animal> will be boarding: From:____/_____/____ (To) :____/_____/____

I plan to pick up at (time) _____am or (time) _____pm

Pickup after check out time will result in another days charge. _____ (initials)

Initial	
	1. FEEDING Instructions. (specify how much) **Circle one:** DAH food my own food am _____ **(we feed Hill's Sensitive Stomach)** pm _____ extra charge for our canned food
	2. MEDICATIONS ($1.50/day fee). **Next dose of meds is due: tonight tomorrow** Type: _____ dosage _____ given how often: _____ Type: _____ dosage _____ given how often: _____ Type: _____ dosage _____ given how often: _____
	3. Personal items / special instructions:
	4. **FLEA / TICK Preventative. Please be honest as we don't want anyone's pets getting fleas / ticks.** **Type:**_____ **Date of Last Application** _____ If my pet has fleas or ticks, treatment **will** be given and **I will be charged**. Initial: _____
	5. COMPOSURE. A daily calming support chew to help pets cope with the stress of boarding, missing you, noise, storms… all of which can lead to diarrhea and expensive treatment. **A fee will be charged.** ____I accept ___I decline
	6. GROOM / BATH . I would like to have the following for which I will be charged. _____ Groom on (date) _____am pm _____ Bath on (date) _____am pm _____ Nail Trim Only_____
	7. TLC package…. – private play session (15 min) / one on one time with activity coordinator / daily hair brushing / special treats 2 times daily / report card with photo: 1 day - **$10** 2 or more days - **$6** per day **Initial: YES**_____ x _____ days No _____ I decline.
	8. VACCINES/Fecal/LEUKEMIA & FIV Test Results/DEWORMING. ✷All pets must have current vaccines. **Dogs** - rabies, distemper, bordetella, influenza, a current fecal, and an exam from a veterinarian. **Cats** – rabies, feline distemper, proof of Leukemia/FIV test, current fecal, and an exam from a veterinarian. If my pet has intestinal parasites, deworming medication **will** be given and **I will be charged**. Initial: _____

B. I understand:

_____ **10. Holiday Boarding Rates**. I acknowledge that there is a **higher** rate for the actual day of the holiday for boarding.

_____ **11. Emergency Services.** Every pet is monitored daily by the staff and a vet is alerted if there is a problem. Should an emergency arise requiring treatment or if it is a non-emergency medical condition, we will contact you, if possible. **If we are unable to reach you or emergency contact**, we will treat according to the best interests of the pet and the hospital staff. Any condition that also is considered **zoonotic** (passed) to humans will be treated at your expense.

_____**12. Exercise.** Guests are walked 2-3 times daily if not in a run and watched very closely as they eliminate urine and feces until their return to their cage. Chances are very small they will escape, but in the event they do, I release Disputanta Animal Hospital from liability. We will do all that we can to prevent this from occurring.

_____**13. Payment & Fees.** I **will pay** for all services and fees in full when my pet is released from boarding unless required in advance.

_____**14. Liability.** I release Disputanta Animal Hospital, their agents and representatives from all liability for said animal.

_____**15. Abandonment.** If I neglect to pick my pet up within 7 days of the date I said I would & do not call to make proper arrangements, we shall assume the pet is abandoned and we are hereby authorized to place the pet as we deem necessary. **I understand this does not release me from the bill.**

_____**16.** I have read the above conditions, understand and agree to them.

17. Signature _____ **Date:** _____

18. Emergency Contact: _____ **Emergency Numbers:** (_____)_____

_____ (_____)_____

(An Emergency Contact is someone who must be available and authorized to approved medical treatments or reach you immediately)