

BOARDING FORM

Owner:
Acct #
 Phone:
 Patient:
 Breed:
 Sex:
 Age:
 Color:
Initial

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)

	<p>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</p>
	<p>2. MEDICATIONS (\$3.00/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: _____</p>
	<p>3. We provide bedding, blankets & toys. Any special instructions:</p>
	<p>4. FLEA / TICK Preventative is REQUIRED. If not current or on a preventative, we will give. 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: _____</p>
	<p>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</p>
	<p>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 _____</p>
	<p>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.</p>
	<p>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: _____</p>

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)