BOARDING FORM

Owner: **\<first-name> \<last-name>**	
Acct # **\<folder>**	
Phone: \<phone> \<cell-phone>	
Patient: **\<animal>**	
Breed: \<breed>	
Sex: \<sex-name> Age: \<age>	
Color: \<color>	

Check out is before: (2:00pm M –F) (NO SATURDAY or 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 ($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: _____

	3. We provide bedding, blankets & toys. Any special instructions:

	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: _____

	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. 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.

	7. 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:

_____ **8. Holiday Boarding Rates**. I acknowledge that there is a **higher** rate for the actual day of the holiday for boarding.

_____ **9. 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.

_____ **10. 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.

_____ **11. Payment & Fees.** I **will pay** for all services and fees in full when my pet is released from boarding unless required in advance.

_____ **12. Liability.** I release Disputanta Animal Hospital, their agents and representatives from all liability for said animal.

_____ **13. 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.**

_____ **14.** I have read the above conditions, understand and agree to them.

15. Signature _____   Date: _____

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

_____   (_____)_____

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