**VCA Briarcliff Animal Hospital Boarding Release**

On what date will you be picking up your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular pick-up and drop-off hours are as follows:

Monday-Friday 7am-9pm

Saturday 8:30am-5pm

Sunday 9am-5pm

*\*There is a $16.80 Before/After Hours Fee to pick up or drop off your pet for boarding outside of the hours above.*

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone number for you while your pet is here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the name and phone number of your emergency contact in case we are not able to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feeding Instructions**

We feed our boarding dogs a mixture of dry Hill's Sensitive Stomach and canned I/D. We feed our boarding cats a mixture of dry and canned Hill's Science Diet Maintenance. Both diets are designed to reduce intestinal upset. If bringing your pet's own food, please bring only the amount they will need for their stay. We recommend placing your pet's individual meals into plastic baggies. **No Glass Containers, Please**!

( ) I am bringing my pet's food

( ) Please feed the clinic's house diet, based on my pet’s weight

If bringing your pet’s food, please specify how much food to offer each **morning**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If bringing your pet’s food, please specify how much food to offer each **afternoon**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular Boarding Boarding Fees\***

**\*For healthy pets that do not require extra medical care & monitoring:**

**For Dogs:**

0-25 lbs: $39.25 per night + $13.72 Capstar flea pill at check-in

26-45 lbs: $42.25 per night + $14.05 Capstar flea pill at check-in

46-70 lbs: $44.25 per night + $14.05 Capstar flea pill at check-in

71+ lbs: $47.25 per night + $14.05 Capstar flea pill at check-in

**For Cats:** $37.50 per night + $13.72 Capstar flea pill at check-in

**For Exotic Species:**  $37.50 per night (\*Please check with our staff to make sure your exotic species pet's needs can be accommodated)

( ) I understand the above boarding fees.

**Boarders Needing Medical Care/Monitoring**

If your pet is boarding with us and has an existing chronic illness or injury (other than diabetes) requiring doctor oversight, additional monitoring and/or medical care beyond oral or topical medications, we are happy to provide this higher level of care.

The associated fees are $4.56-$6.70 per hour ($109.44 - $160.80 per 24 hours, based on size) rather than a nightly boarding fee. This cost includes doctor oversight, grasswalks, and administration of oral, topical and ophthalmic meds. *If your pet requires this level of care, you must meet with a veterinarian before leaving your pet with us to ensure your pet gets the care he or she needs.*

( ) I understand that if my pet needs medical care and/or additional medical monitoring while boarding due to an existing consition, the cost will be per hour as listed above rather than nightly boarding charge, plus an exam fee if neccessary to assess patient status.

**Medications**

For regular boarding (i.e. not here for extra medical care/monitoring), the cost is $4.00 per dosing time (twice a day meds would be $8.00/day, etc.) for oral, topical, and ophthalmic medications.

PLEASE PROVIDE DETAILED INSTRUCTIONS FOR EACH MEDICATION (drug name, strength, quantity per dose, when to give, etc.):

1. Drug Name & Strength (i.e.: mg, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount given per dose: \_\_\_\_\_\_\_\_\_\_ How often (1x/day? 2x/day?):\_\_\_\_\_\_\_\_\_\_\_\_\_ *Next Dose Due*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Drug Name & Strength (i.e.: mg, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount given per dose: \_\_\_\_\_\_\_\_\_\_ How often (1x/day? 2x/day?):\_\_\_\_\_\_\_\_\_\_\_\_\_ *Next Dose Due:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Drug Name & Strength (i.e.: mg, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount given per dose: \_\_\_\_\_\_\_\_\_\_ How often (1x/day? 2x/day?):\_\_\_\_\_\_\_\_\_\_\_\_\_ *Next Dose Due:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please bring medications in their original labeled container\*

**Diabetic Pets**

For pets who are diabetic and on insulin, the Diabetic Boarding Instruction Form must be completed when you drop off. Please check below if this applies to your pet.

( ) My pet is on insulin and I will provide instructions at drop off. I understand that there is an additional cost of $44.50 per day for care and monitoring of diabetics while boarding.

**Grass Walks**

If your dog would prefer grass over our fenced, clean, outdoor runs, we offer Grass Walks for $6.50 per walk. *Although we will double leash your pet for safety, VCA Briarcliff Animal Hospital cannot be held responsible for any injury to or loss of your pet if you choose to have us walk your pet outside our fenced runs.*

\*If your pet is receiving extra medical care/monitoring while boarding, grasswalks are included in that cost\*

( ) No Grasswalks

( ) Please grass walk my pet: ( ) once ( ) twice ( ) three times per day.

**Brought Items**

Because we want to keep your pet healthy, we cannot accept or leave objects (such as beds, toys, bones or rawhides) in pet cages for safety reasons. If you have any question regarding this policy, feel free to call our office at 404-874-6393.

( ) I understand and agree to the restrictions regarding brought items (such as beds, toys, bones or rawhides) that VCA Briarcliff Animal Hospital has put in place to help insure my pet's safety during their stay.

Please list any other brought items accompanying your pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like us to give your pet a Bath before pick-up?** *(Please ask our team about pricing as it varies by weight, coat, etc.)*

( ) Yes, please bathe my pet the DAY OF pickup, I will pick up after 4pm.

( ) Yes, please bathe my pet the DAY BEFORE pick up, I may pick up before 4pm.

( ) No thanks!

**Additonal Requests**

If there is anything else we can do for your pet while boarding with us, please let us know! \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any concerns that need to be addressed by a doctor?** (If so, please complete our 'Drop-off Exam Release')

**Boarding Requirements**

**For Dogs:**

Wellness Exam at Briarcliff and Fecal parasite test within past year

Current vaccination for Rabies, Distemper, Parvo, Bordetella, Canine Influenza/CIV (H3N2)

**For Cats:**

Wellness Exam at Briarcliff and Fecal test within the past year

Current vacination for HCP/FVRCP

***Wellness Exam at BAH****: $68.50*

***Fecal parasite test****: $68.00 (or can be part of Wellness Bloodwork panel)*

***Canine Vaccines****: 3yr/1yr Rabies: $55/$30, 3yr Distemper: $55, 3yr Parvo: $55,*

*1yr DAPP: $30, Bordetella: $30, CIV: $30*

***Feline Vaccines****: Rabies: $27.25, FVRCP: $25.20*

( ) I understand the above boarding requirements, and that an exam may be necessary to complete any services required for boarding.

By signing in the box below, I understand and agree to the aforementioned requirements, fees and instructions for boarding at VCA Briarcliff Animal Hospital. If a minor medical issue or life threatening situation should arise, I authorize VCA Briarcliff Animal Hospital to administer the medical care or treatment that is deemed necessary, and I will be responsible for associated fees.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_