*Thank you for choosing our hospital to board your pet. We provide quality boarding with a personal touch. Every attempt will be made to give your pet individual love and attention during their visit with us. While staying with us, your pet will be under the supervision of our Animal Care Team.*

**Boarding Check-In/Out Hours**

Monday - Friday 8am –7:45 pm

Saturday - Sunday 8am—6:45 pm

**Check out time is by 12 NOON**

Check out by 12pm (noon) or will be charged for an additional day of boarding. Pets will only be admitted/released during boarding admission hours.

**Boarding Standards**

***Provide your initials on the lines following each topic to insure that you have read and understand our boarding standards.***

**Vaccinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
All pets must be up to date on their vaccinations and it is the owner’s responsibility to make sure that proof of current vaccines is on file with the hospital at the time of admission. Vaccines must be administered by a veterinarian and current at least two weeks prior to boarding, depending on vaccine history. Pets without proof of current vaccinations will not be admitted. Required vaccinations for Dogs are: DHPP, Leptospirosis, Rabies, Bordetella and CIV (H3N8 and H3N2). Required vaccinations for Cats are: FVRCP and Rabies.

**Internal/External Parasites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
We operate a flea and tick-free facility and in order to maintain this standard, your pet will be flea combed, in your presence, at admission. If fleas or ticks are noted at any time during your pet's visit, Capstar flea treatment will be administered and an additional charge will apply. Routine administration of an effective internal parasite control is strongly encouraged.

**Rates and Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
An estimate of services will be provided with your boarding pre-registration packet and reviewed at time of admission. Payment is due at time of service completion. Cash or credit card deposits are required for new clients or long-term stays. Checks are not an approved method of payment.

**Medical Policy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
All pets must be in good health and not exposed to contagious or communicable disease within the past 30 days. No amount of vaccination requirement, sanitation or personalized care can prevent pets from contracting an airborne virus or communicable disease. Occasionally pets may develop problems from environmental or dietary changes. Signs may include vomiting, diarrhea, coughing, sneezing and self-trauma such as scratching or biting their skin. We take great care so that these problems won’t occur and we treat our guests promptly, if needed. In the event of an illness or emergency occurring while in our care, we will immediately attempt to contact you or your agent to discuss treatment options. If we are unable to contact you, your pet will be treated as we deem necessary, at normal hospital fees.

**Food**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
Our "house diet", Science Diet Sensitive Stomach, is included in the cost of your boarding stay and will be fed unless otherwise requested. Special diets need to be provided by owner and labeled by brand and formula. Please bring a dedicated measuring devices.

**Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
All medications ***must*** be provided in original packaging/bottles with prescription labels. We will not accept medications that are not labeled properly.

**Personal Belongings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
Leave all bedding and bowls at home. We will provide fresh bedding and clean dishes. Any personal belongings left behind should be labeled with the pets name and may be damaged or lost during their boarding stay. Collars and leashes will be sent home with the client at admission.

***I have read the boarding requirements and understand the hospital's policies.***

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

Contact number(s) for this stay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Emergency Contact:**

In case you are not available, please provide the name of an alternate emergency contact that can consent for treatment and their phone number:

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOARDING ADMISSIONS FORM**

Client's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_\_\_\_

**Arrival:**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Departure:**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reserved Kennel:** (circle requested service)

Canine:
\*Small Dog Boarding \*Run \*Exec. Suite \*Exec. Suite w/ web cam

Feline:
\*Kitty Condo \*Kitty Condo w/ web cam

**Requested Services**: (circle requested service(s))

\*TLC \*Bath \*Toe Nail Trim \*Anal Glands \*Conditioner

**Feeding:**

**Food Choice**: (circle requested service)

\*House \*Own Food

**Meal Frequency**: (circle requested service)

\*Once Daily \*Twice Daily \*Three Times Daily \*Free Feed

**Complete the following statement with the measured amount of food to be offered for each meal**:

Feed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cups \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_times per day.

**In the event that your pet refuses to eat during the boarding stay, it is important to know the answers to the following questions:**

**Does your pet have any food allergies?** (please circle)

Yes No

**What BRAND of food do you feed at home?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical History:**

**Please list any current medical conditions**:

**Does your pet require medications during this boarding stay?** (please circle)

Yes No

**Does you need any refills on your pets medication?** (please circle)

Yes No

**List the names of the medications with their dosages and the frequency in which they need to be given, according to the information on the prescription labels.**

***EXAMPLE***

*NAME & DOSAGE:*

*MEDICATION NAME =* ***Drug name and strength*** *{MG}
Prednisone 10mg*

*INSTRUCTIONS & FREQUENCY:*

***EXAMPLE*** *Give 1 tablet orally once daily.*

***1.*** *NAME & DOSAGE:*

*INSTRUCTIONS & FREQUENCY:*

***2.*** *NAME & DOSAGE:*

*INSTRUCTIONS & FREQUENCY:*

***3.*** *NAME & DOSAGE:*

*INSTRUCTIONS & FREQUENCY:*

***4.*** *NAME & DOSAGE:*

*INSTRUCTIONS & FREQUENCY:*