

VCA STONEY CREEK ANIMAL HOSPITAL - Boarding Admission

Drop Off Date: ___/___/___ Pick Up Date: ___/___/___ (AM or PM)

Boarders are to be pick up by 6pm (Mon-Fri), by 4pm (Sat) and between 3-5pm (Sun).

SUNDAY PICK UP - Boarders going home on Sunday will still be charged for that day (Sun).

EMERGENCY CONTACT INFORMATION

Primary Contact: _____ Phone Number _____

Secondary Contact: _____ Phone Number _____

ADDITIONAL SERVICES - CANINE BOARDERS

- | | |
|---|--|
| <input type="checkbox"/> Bathing (inc. nail trim/ear cleaning) - \$40 / 46 / 53 | <input type="checkbox"/> Doggy Day Care (apt. only) \$22/daily |
| <input type="checkbox"/> Nail Trim \$23 | <input type="checkbox"/> Nature Walks \$11/daily |
| <input type="checkbox"/> Nail Filing \$33 / \$19 w/bath | <input type="checkbox"/> Fetch Time \$15/session |
| <input type="checkbox"/> Anal Gland Expression \$38 / \$18 w/bath | <input type="checkbox"/> TV/Sofa Time \$13/session |
| <input type="checkbox"/> Ear Cleaning \$34 | <input type="checkbox"/> Overnight Kong Treat \$9/daily |
| <input type="checkbox"/> Grooming (apt. only) _____ | <input type="checkbox"/> Puppy Care Package \$50/daily |
| | <input type="checkbox"/> Senior Care Package \$52/daily |

Nature Walks Days: _____

Doggy Day Care Days: _____

Extra Services Days: _____

Does your pet jump or climb fences? YES NO

Family Boarding - Would you prefer your pets to board together or separately

(If boarding together - waiver needs to be signed)

ADDITIONAL SERVICES - FELINE BOARDERS

- | | |
|---|---|
| <input type="checkbox"/> Bathing (inc. nail trim/ear cleaning) - \$42 | <input type="checkbox"/> Condo Play Time \$11/session |
| <input type="checkbox"/> Nail Trim \$23 | <input type="checkbox"/> Laser Pointer Play Time \$11/session |
| <input type="checkbox"/> Other request _____ | <input type="checkbox"/> Cuddle & Comb Time \$11/session |

Extra Services Days: _____

FEEDING INSTRUCTIONS

WE DO NOT ALLOW RAW DIETS DURING BOARDING. *If personal food is NOT provided, we feed Hill's Adult Sensitive Skin & Stomach Dry twice daily to all boarders based on weight. Any request for can food will be at owners expense.*

Pet: _____ Food: SCAH / OWN Instructions _____

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Family Boarding - Do your pets need to be separated for feeding? Yes No

CLIENT & BOARDER INFORMATION

Client Name: _____ Client # _____

Pet (s)/Breed _____

TGH ___/___/___

MEDICATIONS TO BE ADMINISTERED

Is your pet a diabetic and on insulin? YES NO

(If yes, there will be a \$25 additional fee for monitoring, providing insulin injections and extra walks.)

Does your pet require daily medications while boarding? YES NO

When was the last dose of medication given? _____

Medications to be given during stay - Please list name, strength and directions for all medications your pet is currently taking.

MEDICAL SERVICES NEEDED OR REQUESTED

How would you prefer us to proceed if a medical problem is discovered while your pet(s) is boarding? If you fail to leave an emergency contact or do not indicate your preferred treatment option, we will treat all medical problems as the doctor feels necessary.

Treat ANY problem the doctor feels necessary **Call the emergency contact before treating**

Treat only a medical emergency

Does your pet need to be examined or rechecked by a doctor? **YES** **No** _____

Please indicate any medical problems we need to be aware of during your pet's stay: _____

Pets with serious medical problems (i.e. heart failure, seizures) will be charged a non-optional "Daily Tech/Dr Monitoring" fee. This supervised boarding helps to insure your pet's health.

NOTE STAFF - PLEASE COMPLETE INTAKE ASSESSMENT QUESTIONS *Staff initials* _____

Vaccines Requirements - Pet: _____ **Owners Initials:** _____

DHPP Administer Current	Lepto Administer Current	Bordetella Administer Current	CIV Administer Current
Rabies Administer Current	Fecal Test Administer Current	FVRCP Administer Current	
Last Exam Completed: _____		Last Flea/Tick Treatment*: _____	

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All pets must be up to date on vaccinations and had exam within past year. Proof of vaccinations/medical history must be on file at the time of boarding, or they will be administered upon admission. Pets will received Exam plus vaccines needed at admission to boarding. Exam fee is \$68, Vaccines are \$37 each (Influenza Bivalent \$44.00) and Fecal Exam is \$56. For Day Care participants, fecal exams are required every six months. Influenzas and Bordetella can be administered without exam only if the patient has received an exam within our facility the past year.

***All boarders are expected to be free of external parasites (fleas/ticks etc.). If external parasites are found, the pet will be treated at the owners expense.**

I authorize VCA Stoney Creek Animal Hospital (SCAH) to provide the care detailed on page one and above, for the duration agreed on page one. I had the opportunity to ask any questions pertaining to my pet(s) during this boarding stay.

Client/Agent Signature: _____ Date: _____

Receptionist Review Initials: _____ Assistant Review Initials: _____ Technician Review Initials: _____