

Companion Animal Hospital Boarding Check-In : Pet's Name _____

Dates: FROM _____ TO _____

For our boarding clients, proof of current vaccinations is required (rabies, distemper and kennel cough) –if proof is not presented at time of check in we will vaccinate and an exam fee will be charged along with the cost of any vaccines given.

Please answer all the following questions as clearly and completely as possible so we can provide the best care to your pet.

<p><u>Feeding Instructions</u></p> <p>Circle one: OWN FOOD</p> <p>Use food provided by kennel</p> <p>Feed my pet: Once a day - AM or PM</p> <p>Twice a day Three times a day Free feed</p> <p>How Much? Dry _____</p> <p>Canned _____</p> <p>Has your pet eaten today? Yes No</p> <p>Does he/she need to eat again? Yes No</p>	<p>Medications Charge: \$1.50 (once a day) - \$4.00 (twice or more)</p> <p>Is your pet on medication? (Circle one) Yes No</p> <p>Name of Medication: _____</p> <p>Directions: _____</p> <p>Name of Medication: _____</p> <p>Directions: _____</p> <p>Name of Medication: _____</p> <p>Directions: _____</p> <p>Has he/she received all of today's meds? Yes No, needs PM meds</p>
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Health Concerns

Would you like your pet to have a doctor's exam during his/her stay? Charge \$47.00 Yes No
Additional treatments, medications, etc. will be charge accordingly.
Specific Reason for Exam?

Does your pet have any preexisting medical problems we should be aware of? Yes No

Has your pet been ill during the past 2-4 weeks? If so, please explain. Yes No

Services:

Stool Sample - Charge \$22.05 Yes No
This service is not required but it is recommended that a sample be checked yearly due to the fact that many parasites are transmittable to humans, especially children.

Bath – Charge \$23.00-\$32.00 (charge by weight, includes a nail trim) Yes No
Please select: Night Before Pick-up or Day of pick-up (pick-up after 1PM)

Nail Trim Only-Charge \$9.75 (cat) \$14.65 (dog) Yes No

Playtime – Charge \$8.00 for each 30 minute session (PER PET) Yes No
How Often? _____ 15 minutes or 30 minutes per day
Dates : _____

Walks – 2 walks/day \$6.00 or 3 walks/day \$8.00 Yes No
2 walks or 3 walks per day Dates _____

Playtimes & Walks may be limited during peak boarding times including, but not limited to, holidays and summer months

Welcome to our boarding facility at Companion Animal Hospital!

Due to the number of dogs & cats we accommodate & their belongings, we ask that you fill out a belongings form as completely as possible to help insure that we can return to you what you have brought in. **We cannot accept responsibility for the personal belongings that may become lost while your pet is boarding.** We do provide bedding (blankets, towel, ect.) in the kennels for all pets during their stay. **If you still plan on leaving personal belongings please fill out the following form:**

PLEASE PRINT!

BEDDING/BLANKETS: _____

TOYS: _____

FOOD: _____

TREATS: _____

BONES: _____

****RAWHIDE BONES**** I authorize the staff at Companion Animal Hospital to give my dog(s) any rawhides that I provide during his/her stay _____ please sign

MISC.: _____

I _____ Have read and understand the above form.

Signature _____

Date: _____

THANK YOU!

PETS NAME: _____

DATES : _____

Authorization For Treatment

If my pet should become ill and require surgical or medical treatment, I give my permission for the staff to do whatever necessary for my pet's well being. I also give my permission to vaccinate my pet if he/she is overdue for distemper or rabies vaccinations. A vaccine to protect against kennel cough is required annually for dogs boarding with us.* There will be an additional charge per day for giving medications.*

Release Authorization

If your pet becomes sick during his/her stay with us, a veterinarian will examine your dog or cat. Uncomplicated problems such as persistent diarrhea, abrasions from rubbing on cage doors and the like will be treated medically. Potentially more serious problems, (examples: failure to eat, persistent vomiting, inability to stand, difficulty urinating), may warrant diagnostic blood, urine tests and even x-rays. If the situation appears serious enough, your pet may be taken to the Animal Emergency Service on East Henrietta Road for 24-hour care. Any costs incurred will be the responsibility of the pet owner. The undersigned acknowledges contracting for the above services and understands that he/she is responsible for all balances due upon discharge of the pet(s). If someone other than the owner is to pick up a pet from boarding, please let us know when that pet is brought in. We will not release an animal to someone other than the owner without prior authorization from the owner. All pets must be picked up within 5 days of specified check-out date. All efforts to contact owner or agent will be made in a timely manner. Failure to respond and/or pick up pet(s) will result in facility protocol for abandoned animals.

IN ORDER TO MAINTAIN A "FLEA FREE" ENVIRONMENT, YOUR PET WILL BE CHECKED FOR FLEAS UPON ADMISSION. IF FLEAS ARE PRESENT, YOUR PET WILL BE TREATED WITH ADVANTAGE OR FRONTLINE (AT THE DOCTOR'S DISCRETION) AT YOUR EXPENSE.

Signature _____ Emergency Contact: Name _____
Phone _____

Email Address _____ @ _____

Regular Vet and Veterinary Hospital _____

If you have questions or concerns about your pet and possible treatment during this visit, we encourage you to speak with one of our veterinarians. We will make every attempt to contact you at the numbers you provide should your pet become ill while with us. If there are limitations to the care you wish us to provide your pet, we need to know these before you leave your pet with us.