

BOARDING ADMIT FORM

Client Name _____ Drop Date _____ Pick Up Date _____

PatientName _____ PatientName _____

Please fill out all requested information completely.

1. Please list any medical conditions that we should be aware of: _____
2. Will your pet require any medications while staying with us? **YES or NO**

<u>Name of Medication</u>	<u>Dosage</u>	<u>How often</u>

3. Is your pet current on vaccines? **YES or NO** Including Rabies and Bordetella? **YES or NO**
 - a. If not, those vaccines will be administered. Rabies \$15(1 year) Bordetella \$28
 - b. If your pet has not seen the doctor in over a year an annual discounted exam (\$41) will be performed before vaccines are given.
4. Will you personally be providing food for your pet? **YES or NO** (Each pet is provided with Hill's Science Diet) If YES, what food ? _____
 - a. How shall we feed? Amount _____ How Often _____ or Free Feed _____
5. Will you be providing bedding for your pet? (**NOT RECOMMENDED**) **YES or NO**
 - a. Is so, please list those belongings: _____
 - b. We do not allow rawhides, stuffed toys, chew toys, etc. for the safety of your pet.**
 - c. All belongings left will be at your own risk and AAH will not be held liable if they are lost or damaged.**
6. Would you like to be contacted if your pet develops a problem while boarding? **YES or NO**
 - a. Please circle one: Emergency Only Any Reason
 - b. In the event that AAH is unable to contact you AAH is authorized to initiate appropriate treatment at a cost to you of up to \$ _____ (fill in the blank)**
7. **There may be an additional charge per day for handling aggressive and/or biting animals. AAH reserves the right to refuse boarding privileges to such pets.**
8. If time allows, would you like any additional services while your pet is boarding? **YES or NO**
 - a. _____ Nail Trim
 - b. _____ Express Anal Glands
 - c. _____ Fecal (in house)
 - d. _____ Fecal (outside lab)
 - e. _____ Ear Cleaning
 - f. _____ Heartworm/Tick/Ehrlichia Test I.
 - g. _____ Heartworm Occult Test
 - h. _____ Microchip(includes lifetime registration)
 - i. _____ Bath (if time allows)
 - j. _____ Apply/Administer Flea/Tick Med? Which One _____
 - k. _____ Refill prescription meds? Which _____
 - l. _____ Other _____
9. Would you like your pet to be given a Capstar tablet on the day of discharge? **YES or NO**
10. **Reminder: If fleas/ticks/intestinal parasites are found on/in your pet they will be treated at the owner's expense.**
11. Will you be picking up your pet on Sunday at 5pm? **YES or NO** We do offer Sunday evening picks-ups at this time if notified of your intent. You will be charged for Sunday.

I HAVE READ THE ABOVE BOARDING AGREEMENT AND AM IN FULL AGREEMENT

Signature _____ Date _____

Emergency Contact Name _____ Emergency Phone _____