

Wallburg Animal Hospital Boarding Form

Pet Name: _____ **Date: dropping off:** _____ **picking up:** _____ **am or pm**
Client Name: _____ **Emergency Contact Number:** _____ ****If**
two pets are boarding together-would you like them to stay in the same cage together? **Yes or No Special**

Instructions for caring for your pet:

1. Feed hospital food _____ OR Owner Food (brand food): _____ dry _____ can
Amount to feed AM/PM _____

2. Medications to be given: Name: _____ directions: _____ start am/pm today/tomorrow
Name: _____ directions: _____ start _____ am/pm _____ today/tomorrow
Name: _____ directions: _____ start _____ am/pm _____ today/tomorrow
Name: _____ directions: _____ start am/pm today/tomorrow

3. Items Left: _____
(Collar Leash Airline Carrier Food Toys Blanket Bed)

4. Bath on the day of pickup? Yes No **NT?** Yes No **Anal Glands Expressed?** Yes No **Brush Out?** Yes No

5. Play Time: Yes No ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday -----

*******Client to review top information and read bottom section, date and sign form showing agreement of all statements listed above and below*******

A. Playtime, Medication Administration, Bathing, Brush Out, Nail Trim, and Expressing Anal Glands have an additional charge applied for these services. Ask if you would like a detailed estimate. **B. Before a pet can be boarded, they MUST meet the following requirements. We reserve the right to satisfy these requirements at the owner's expense.**

1. Up-to-date vaccines: Current Rabies Vaccine; DHPPL/FVRCP; Bordetella Vaccines **2. Free of fleas, ticks, other external parasites.** If found-your pet will be treated-at owner's expense. **3. Stool check for intestinal parasites** yearly and negative for parasites.If test is positive-your pet will be treated at owner's expense

C. We feed twice a day and water is available all day. We recommend bringing your pet's normal diet to help reduce stomach upset issues that may occur with diet change.

D. If you request a bath or grooming for your pet, it will be performed on the last day of boarding. Please pick up your pet after 3:30 pm to allow time for us to bathe and dry all pets receiving this service. Some pets do get messy in a boarding kennel situation so we recommend bathing prior to going home.

E. If you leave items, we will do our best to keep them in good shape and with your pet. We can not be held responsible for damaged or lost items. Some beds and blankets can not be left with pets due to difficulty keeping them clean or fitting into the runs.

F. Illness or Medical Care: The most common issues associated with stress from boarding or a food change are vomiting, diarrhea or not eating. Some pets may also experience coughing due to exposure to some respiratory pathogens (like kids going to daycare and school). We will treat mild illnesses, at owner's expense (less \$75) and notify you at pick up if any issues noted while boarding and we will try to contact you at the emergency contact number listed above if we feel your pet may need further medical care or testing so that you can be involved in those decisions. Please keep in mind that if you are not reachable by phone we must provide some basic care for your pet until you can be reached.

G. Payment in full is required at the time services are rendered. If you requested an estimate before boarding and your pet is found to need medical care, vaccines, deworming, flea treatment or you requested additional services; please understand you will be responsible for those additional costs.

Please indicate your method of payment today: Cash ___ Check ___ Visa;MC; ___ AMEX; Disc ___ Care Credit _____
We reserve the right to require a deposit or prepayment to be left before pet can be left at the hospital.

H. Operating hours: Monday-Friday 7:30am-6:00pm and Saturday rotating hours of 8-10 & 8-1.

I am the owner or agent for this pet and I have the authority to execute this consent. I understand this is not a 24 hour facility and the business is not staffed during closed hours of operation. I have read and understand the statements above and by my signature, I agree to the hospital policies: Owner's

Signature _____ Date _____