

Wallburg Animal Hospital Boarding Form

Pet(s) Name: _____ Client Name: _____ Phone: _____

****If your pet needs to be seen by a doctor, please fill out our Drop Off Form****

Pet(s) with services will not be eligible to pick up until after 2 PM

Drop Off Date: _____ Pick Up Date: _____ Pick up Time: _____

Special Instructions for caring for your pet:

1. Feedings: Owner Food (Brand): _____ **Hospital food** (Hills Sensitive Stomach/Skin): _____
Amount to feed _____ AM/PM _____

2. Medications (Must be in original packaging)

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. EXTRAS: Bath Nail Trim Nail Dremel Anal Gland Express
Other _____

4. Play Time: Yes No (Playtime *not* available on day of check in/out or on weekends/ holidays)
Amount per stay: _____ (15 min session, one on one, with staff)

*******READ CAREFULLY, INITIAL, AND SIGN 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
- 4. Intact Females/Males:** There is a daily fee for intact males/females. **INITIAL** _____

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. Services:If you request EXTRAS (see above), these services are typically performed on the last day of boarding. **Pick up after 2:00pm for all services to be complete.** **INITIAL** _____

E. Illness or Medical Care: Common medical concerns due to stress from boarding or food changes are: vomiting, diarrhea or not eating.

We will treat mild illnesses, at the owner's expense and notify you.

Medical care **greater than \$75** will be given basic care until you can be reached **INITIAL** _____

Provide emergency number to contact **TEXT** _____ **CALL** _____

F. 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.

****We reserve the right to require a deposit or prepayment to be left before a pet can be left at the hospital. G.**

Drop Off Hours are Monday- Friday from 8:00 am to 5:00 pm and Saturday 8:00 am to 10:00 am

Additional Emergency Contact Information _____

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 _____