

BOARDING



Owner's name: _____

Address: _____

Mobile Phone: _____

Emergency Phone: _____

Admission Date: _____

Dismissal Date: _____

Amount of Boarding days: _____ Estimate Boarding cost: \$ _____

Cost per day: **\$12.00 / \$17.00** Extra Pet: **\$10.00 per day**

Patient Name: _____

Breed: _____

Sex: _____

Color: _____

Species: _____

Weight: _____

Vaccines: _____

Thank you for choosing Animal Medical Hospital as your boarding facility. All pets admitted in our hospital must comply with the following requisites:

1. All pets must receive a "Good Health Exam" to learn about the pets current health, prior to admission.
2. All pets must be current ton all recommended vaccinations, including Rabies and Bordetella. If pet does not have record in Animal Medical Hospital, owner must provide evidence of the pets Vaccination and Record. If evidence is not presented, pet must be vaccinated prior to admission.
3. All animals must be free of external parasites (fleas & ticks) when admitted for boarding; or must be treated upon admission. We require that all pets admitted **must be on treatment (Frontline) a week prior to admission.** Evidence of the treatment must be presented in case of non client pets. If external parasites are found during "Good Health Exam", our hospital requires an initial treatment bath (cost of \$10.00). If desired, we will be happy to schedule Grooming Services prior to dismissal at an extra cost.
4. All dogs must have had a heartworm blood test within the past 12 months and be on treatment for this condition. During pets evaluation, all routines and pets habits should be discussed.
5. All pets will be admitted and dismissed only during office regular working hours: **Monday - Friday from 9:00 AM – 5:00 PM, and Saturdays from 9:00 AM to 11: 30 PM.** Admission and Dismissal will not be accepted during Emergency Service Hours.
6. Boarding Fees are: **\$12.00 for small cages and \$17.00 for bigger cages. Our service includes: feeding once a day and three exercise walks per day.**
7. All clients will receive an estimate of the total boarding cost. A 20% deposit at reservation. Total boarding service must be paid when admitted.
8. We furnish all normal food and bedding. But we will happy to serve special foods if supplied by the owner at his / her own expensed. Additional request must be discussed and evaluated prior to admission.
9. Dogs and Cats "in heat" are not allowed.
10. Due to strict sanitation procedures, we prefer clients NOT to leave toys or pet bedding. But if its owners desire to include them all personal belongings should be labeled. We can't be responsible for items left in the cages. All leach's will be removed and returned to the owner at admission.

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11. Additional Boarding Charge can be applied for all aggressive pets.

12. During dismissal, owner or authorized representative will receive a Dismissal Report with detailed information. All boarding final balance must be completed before dismissal.

Special considerations:

1. **Pets could be in the “incubation Period” of some infectious disease when admitted for boarding. Signs of disease do not develop for several days alter exposure to an infectious agent. If pets start showing clinic signs, a health exam should be conducted. Owner will be informed of the condition for treatment approval.**
2. **Pets requested to be housed together could be injured. Recommend to board them individually.**
3. **Be aware that pet’s diet, room temperature and humidity could vary slightly from home. Disturbances can occur from any changes in normal home habits.**

BOARDING ADMISSION FORM AND CONSENT WAIVER

I, _____ authorize Animal Medical Hospital and its Staff, for the Boarding of
If any special medical or emergency treatment should be administered to my pet during Boarding, I must be contacted to the Emergency Phone in this record. If I can’t be reached, I authorize Animal Medical Hospital to provide the treatment and assume all economical responsibility for the treatment. I accept that treatments might develop unexpected complications.

Owner’s Signature

Date

THANK YOU FOR YOUR CONFIDENCE

We want to thank your for leaving your pet at our care. We sincerely hope to exceed your expectations and that your pet had a nice stay in our facility. If you have any concern about our facility or our service, please inform us about how we can improve.