

# BOARDING ADMISSION FORM

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Drop-off date: \_\_\_\_\_ Pick-up date: \_\_\_\_\_

**Boarding Drop-Off/Pick-up hours are: Monday-Friday 9am – 5pm. Saturday 8am – 11am. Sunday CLOSED**

(WE ARE CLOSED EVERY FRIDAY FROM 1pm – 2pm FOR TEAM EDUCATION.)

Flea Prevention: Product: \_\_\_\_\_ Date Given/Applied: \_\_\_\_\_

Flea prevention is required every 31 days unless it is Bravecto which will be every 91 days

\*\*\*Any pet(s) found to have evidence of fleas will be given a Capstar treatment. Pets NOT on flea prevention will be administered a preventative as determined by the veterinarian\*\*\*.

**MEDICATIONS: \*\*There is a daily administration fee of \$3.75 for oral and/or simple topical medications\*\***

Drug: \_\_\_\_\_ Amount/Dose: \_\_\_\_\_ How often: \_\_\_\_\_ Last given date: \_\_\_\_\_  AM  PM

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\*\*\*Diabetic patients and those requiring fluid administration or nursing care do not fall under our usual medication charges. \*\*\* \*\*Infirm pets as well as those in need of multiple meds or prolonged daily care may have additional charges. Please ask\*\*\*

**FEEDING INSTRUCTIONS-** Last time fed:  This AM  Last PM

1. Please feed this type of food:  Hospital food\*\*  Owner's food Brand? \_\_\_\_\_

2. Please feed this amount of food: \_\_\_\_\_ Cup(s) \_\_\_\_\_ Bag(s) \_\_\_\_\_ Scoop(s) \_\_\_\_\_ Can(s)

3. Please feed this often:  AM  PM  AM & PM

\*\* Hospital Food= Prescription Royal Canin GI Low Fat dry for Dogs. Royal Canin GI High Energy dry for Cats\*\*

**CANINE SUPERVISION** - our K-9 guests are taken out three to four times daily. If your dog has any special needs or considerations while being exercised, please define below. If your pet cannot be without DIRECT SUPERVISION in an outside run, please let us know. Knowledge of any specific quirks/traits is also helpful, i.e. eating behaviors, people preferences, behavior around other animals etc.

**Special Needs:** \_\_\_\_\_

**OTHER ITEMS** - All items left with your pet must be listed below and marked with your name and a complete description.

**RETURN CANNOT BE GUARANTEED.** Please ask for your items at discharge. If left, all items, (including food), will be donated to a local shelter. We provide bedding for all pets. Anything we find the pet tearing up will be removed from their quarters. 1)

\_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**BATH PRIOR TO PICK UP (DOGS ONLY):** Dogs staying 3-9 nights will receive a 50% discount on a bath upon request

(Regular price \$28). Dogs staying 10 or more nights will receive a free bath upon request.

If a bath is requested, your dog **CANNOT BE PICKED UP ANY EARLIER THAN 4PM** the day of discharge.

**BATH:**  YES  NO (AGGRESSIVE OR DIFFICULT DOGS ARE NOT ELIGIBLE FOR THIS SERVICE)

**DOG WALKING:** 10 to 15 min. one on one walk with a boarding technician = **\$8 per walk**

**WALK:**  YES  NO - **WALKS PER DAY:**  ONE  TWO - **START TODAY:**  YES  NO

**VACCINE REQUIREMENTS FOR BOARDING:** All animals must be verifiably current on vaccines. If they are not current on vaccines and/or you have any concerns that you would like the doctor to address feel free to ask the receptionist. Vaccines will have to be given if not verifiably current! Normal fees will apply.

**Dogs:** • DA2PP within 12 or 36 (if appropriate) months • Bordetella within 6 months • Intestinal Parasite Exam within 12 months

• Rabies within NC State Law K9 • Influenza Vaccine (H3N2 & H3N8) within 12 months

**Cats:** • FDVCVR or CVR within 12 or 36 (if appropriate) months • Rabies within NC State Law

I hereby agree to hold the Chatham Animal Hospital, Inc. and it's staff blameless in the event of injury, escape, or death. I understand that any problem discovered while I am absent will be treated as deemed best by the staff veterinarians, and I assume full responsibility for any expenses involved. If I fail to pick up my pet within 11 days of the pickup date listed at the top of this page, and I do not make arrangements agreeable to both parties, you may assume my pet is abandoned and are authorized to take whatever action is necessary. THIS IS IN ACCORDANCE WITH STATE LAW 90-187.7. I understand that abandonment does not relieve me of my financial responsibilities, and all costs associated with housing my animals and all costs involved in securing payment.

**EMERGENCY CONTACTS:** Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**We will not release your pet to anyone else, unless you authorize it ahead of time. You may release my pet to:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*I have read and understand all information on this sheet\*\***

**OWNER/AGENT:** Sign here: \_\_\_\_\_ Print here: \_\_\_\_\_