

AHC Boarding Form

Pet Owner's Name _____ Pet's Name _____

Arrival Date _____ Departure Date _____ Pick-Up Time _____

***No Pickup after 12 pm on Saturdays and no Pickup anytime on Sundays.**

Pickups after business hours are subject to a \$50 after hours fee.

Emergency Contact Information:

Name: _____ Phone # _____

Communication Preference: Call or Text

Do you give AHC permission to post pictures/videos of your pet on social media? Circle **YES** or **NO**

Vaccine Requirements:

All pets must be up to date on required vaccines. For the health of your pet and the pets of others at our hospital, we require that all animals have certain vaccinations (listed below) before being admitted. If pets are found to be overdue or if vaccines cannot be verified by phone or fax, vaccines will be given upon admittance for boarding. Cats with FIV or Leukemia will board in Isolation area only! By signing below, you are stating that you understand this policy, and you accept financial responsibility for these services.

Preventative Care:

Any pets found to have fleas, ticks, intestinal parasites or fungal infections will be treated immediately at owner's expense.

Dogs: DAPPL (Distemper Parvo)

Cats: FVRCP-P (Feline Distemper)

Fecal Analysis

Fecal Analysis

Rabies

Rabies

Bordetella (kennel

Leukemia/FIV Test

Cough)

CLIENT'S INITIAL

Medications: * Please note there is an additional fee at \$5 a night for medication/supplement administration.*

Name of Medication and Strength (mg, etc)

Directions:

Feeding Instructions:

All boarding pets are fed Purina EN.

Are you providing food for your pet to eat while boarding? Please circle **YES** or **NO**

*If you are providing your own food, we require pre-packaged food for each feeding.

Personal Belongings: *Animal Health Clinic is not responsible for loss or destructions of any belongings brought in with your pet such as collars, leashes, blankets, toys, carriers, etc. *

Leash: Please circle **YES** or **NO** Collar: Please circle **YES** or **NO** Carrier: Please circle **YES** or **NO**

Group Play: Does your pet play well with others? Please circle **YES** or **NO**

*If YES, would you like your pet to participate in group play time? Please circle **YES** or **NO**

*Intact pets will be excluded from play time with others.

Accommodations:

For Multiple Pets: Will your pets be sharing a room or suite? **YES** or **NO**

For pets that are sharing: Do we need to feed your pets separately? **YES** or **NO**

Additional Services:

Please circle any additional services you would like performed.

Nail Trim Ear Cleaning Anal Glad Expression

Does your pet need to be examined by a veterinarian? **YES** or **NO**

If yes, please describe:

Preference for Doctor: Circle one

Dr. Alan Smith or Dr. Natalie McCormick

Is your pet scheduled for a Surgical Procedure or Dental Procedure while Boarding? **YES** or **NO**

Boarding Risk Acknowledgement

We ask that you DO NOT bring your pet for boarding if they have a cough that is not related to a medical condition such as heart disease. If your pet has been diagnosed and is being treated for kennel cough or any other respiratory infection, they must be on medication for 7 days and symptom free for 48 hours before they can be accepted at this facility. Your pet's safety is our top priority.

We strive to ensure safety and cleanliness of our patients during their stay with us. We have strict cleaning protocols to minimize any potential risks of exposure to sick patients. We understand that minor illnesses may happen while you are away. Your pet may experience anxiety and/or diarrhea due to stress of a new people or environmental change.

If your pet becomes sick while staying with us, they will be examined by one of our doctors. If your pet is suspected to be contagious, they will be placed in isolation and treated by one of our technicians. You WILL be notified immediately of the illness and treatment plan and will be updated by our medical team throughout the remainder of their care.

I acknowledge there are risks to boarding my pet. By signing below, I accept the risks. Animal Health Clinic assumes no responsibility or liability in the case of accident, sickness, or death of the pet while boarding in the kennel.

If my pet does become ill, Animal Health Clinic will notify me immediately and will begin treatment at my expense. I certify that I have provided accurate vaccine records for my pet/pets. I certify that my pet has not shown signs of illness in the last 48 hours.

As our motto states, we strive to provide exceptional medicine and compassionate care. Do not hesitate to ask any questions during your pet's stay. We are here to help!

Signature: _____ Date: _____