

# 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.**

Phone Numbers \_\_\_\_\_

\*\* These need to be numbers where we can reach you in case of an emergency or if we have any questions concerning your pets. \*\*

**ITEMS LEFT:** Please be descriptive.

\_\_\_\_\_ COLLAR \_\_\_\_\_ CARRIER \_\_\_\_\_

\_\_\_\_\_ LEASH \_\_\_\_\_ BED \_\_\_\_\_

**Bath**

**Nail Trim**

**Anal Gland Expression**

## FOOD

What to feed? Own Food      Clinic Food

Next feeding Due: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Meds

Next Meds due: \_\_\_\_\_

Please List all medications to be administered and instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodations:** Please choose one of the following:

**For Multiple Pets:** Individual Accommodations    Shared Housing

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

Feline boarding \$20

Canine

0-30 lbs \$20

30-60 lbs \$24

60-90 lbs \$28

90 and over \$32

**VACCINATION AGREEMENT** – 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. By signing below, you are stating that you understand this policy and that if your pet is not current on annual vaccinations or if the vaccine status cannot be determined, you wish to have one of our doctors vaccinate your pet and you accept financial responsibility for these services.

Dogs: DAPPL (Distemper Parvo)

Cats: FVRCP-P (Feline Distemper)

Rabies

Rabies

Bordetella (kennel

Leukemia

Cough)

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CLIENT'S SIGNATURE

**EMERGENCY TREATMENT AGREEMENT** – In the event that your pet requires emergency medical attention while in our care, someone from Animal Health Clinic will try to contact you for consultation. If you cannot be reached, our doctor(s) will do what they feel is necessary to diagnose and treat the problem. Your signature below states that you understand this policy and will accept financial responsibility for any exams, treatments, or medications administered.

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CLIENT'S SIGNATURE

For Office Use Only:

\_\_\_\_ Employee

\_\_\_\_ Nights Boarding

\_\_\_\_ Vax Checked

\_\_\_\_ Extra Pet in Space

\_\_\_\_ Month Due

\_\_\_\_ Bath

\_\_\_\_ Cage Card

\_\_\_\_ NT

\_\_\_\_ Kennel Size

\_\_\_\_ AG