

# Boyd's Creek Animal Hospital Boarding Admission Form

Patient Label:

Drop-off Date and Time: \_\_\_\_\_

Pick-up Date and Time: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

## **Hospital Boarding Policies**

Thank you for choosing our hospital to board your pet. We provide quality boarding with a personal touch. Every attempt will be made to give each pet individual love and attention during their stay with us. We strive to maintain a sanitary and healthy environment for all of our patients.

Please note if your pet has any of the following conditions, or is taking medication for any of the following conditions:

- Diabetes
- Seizures
- Heart disease
- Currently receiving puppy/kitten vaccine series
- Recovering from major surgery
- Cushing's/Addison's disease
- Major autoimmune disease.
- None of the above listed conditions
- Other: \_\_\_\_\_

## **Additional services requested:**

- Nail trim
- Furminate/blowout/brush
- Heartworm test
- Bloodwork
- Feline leukemia/FIV triple test
- Vaccinations
- Fecal testing
- Express anal sacs
- Bath package or grooming package (prices vary)
- Other: \_\_\_\_\_

### **Vaccinations:**

All pets must be up to date on their vaccinations **at least 2 weeks prior to boarding**. It is the OWNER'S responsibility to make sure that the most up to date information is on file with the us at the time of admission. If vaccinations have been administered at another veterinary hospital but records are not accessible, the vaccines will need to be updated prior to admission. A pet cannot board with us until all mandatory requirements are met.

### **Required vaccines:**

Dog: Rabies, Distemper/Parvo(DA2PP), Bordetella

Cats: Rabies, Distemper(FVRCP)

### **Recommended vaccines:**

Dog: Leptospirosis, Influenza

Cat: Feline leukemia (FELV)

### **Internal/external parasite control:**

All pets must be free of parasites, including fleas, ticks, and intestinal parasites. We require a fecal screen for intestinal parasites every 6 months. **If we see fleas on your pet, we will administer the appropriate prevention at the cost of the owner.**

### **Rates and payments:**

Boarding rates are based on kennel size. Other services will be an additional cost. Payment IN FULL is expected when your pet is discharged. Rates are calculated on a daily basis.

Rates are charged by the number of days, and are updated by date of discharge/pick-up.

### **Medical illness:**

If your pet needs medical attention, we will call the emergency number that was given to us on admission. If we are unable to contact you, your pet will be treated, as we deem necessary, at normal hospital rates. Charges for administering medications are based on the frequency of dosages and the means of administration. Oral/topical medication/supplements are \$3.00, injectable medications are \$6.00 per dose.

### **Personal belongings:**

Leaving personal belongings, i.e. toys, blankets, bedding, etc., is **discouraged** due to sanitation and risk of lost items. Clean bedding will be provided.

The hospital is not responsible for any items if lost or soiled. Collars and leashes may not be left on at any time. Your pet will wear a paper ID neck band during their stay. We recommend bringing your pets own food to avoid GI upset. If you choose not to bring your pets food, we do offer an in house diet to our boarding guests at an additional cost of \$3.00 per meal. If your pet requires a special diet, please bring this with you at the time of admission.

**\*Raw diets cannot be accepted due to health and safety concerns.**

### **Inherent conditions/aggression:**

Occasionally pets may develop problems from environment, stress, and dietary changes. Signs may include: coughing, diarrhea, self-trauma, sneezing, or vomiting. We take great care so that these problems won't occur and we treat our guests promptly, if needed. However, please be aware that these conditions can develop and that the hospital is not financially responsible for these inherent conditions, if they do occur. Should your pet demonstrate aggression towards a staff member during his/her stay, the hospital reserves the right to terminate the boarding reservation and require the pet be immediately collected by the owner or authorized agent.

I have read and agree to the above statements \_\_\_\_\_ (initials)

**Abandonment:**

Please notify us if there are any change of plans in your pet's scheduled release/pick-up date. If you do not notify us of a change in your pet's departure date, and either we do not hear from you or are unable to contact you or your authorized agent for a period of 24 hours after your pet's scheduled release date, the hospital will consider your pet abandoned according to the animal abandonment laws of the state of Tennessee. Please be advised that the pet owner will be responsible for the fees accrued and any other fees or legal services incurred by the hospital as a result of abandonment.

\_\_\_\_\_ (initials)

**Medical illness permissions:**

Should your pet require veterinary attention while boarding, please indicate only **ONE** of the following that you authorize:

\_\_\_ Please do whatever is needed without calling me

\_\_\_ Please do whatever is needed up to \$ \_\_\_\_\_

\_\_\_ Please do not do anything before calling me at the number(s) provided

If you cannot be reached:

\_\_\_ I give permission for emergency, life-saving medical procedures only

\_\_\_ Treat my pet up to \$ \_\_\_\_\_

I have read and agree to the above listed policies for my pet to board at this facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible contact in case of emergency: \_\_\_\_\_