

File# \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ # of Nights \_\_\_\_\_

Record Fee \$ \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Size Kennel/Condo: \_\_\_\_\_ Per Night: \$ \_\_\_\_\_

Second Pet: Same Unit or Separate Unit

**There is an additional \$4.00 per day for medicating**

Medication: \_\_\_\_\_

Time of next dosage: \_\_\_\_\_

**VACCINES MUST BE CURRENT TO BOARD**

Vaccines Current: Yes No

Vaccines Due: \_\_\_\_\_ Vaccs Fee: \$ \_\_\_\_\_

Exam: Yes No

Exam Fee: \$ \_\_\_\_\_

**Any treatment or diagnostic tests are additional and not itemized here.**

*If evidence of fleas is found a bath & application of Advantage is required and charged to you.*

Fleas Found: Yes No

Bath Requested: Yes No

Bath Required: Yes No

Bath Fee: \$ \_\_\_\_\_


Advantage Fee \$ \_\_\_\_\_

**V.I.P.**

**To Make Your Pet's Stay Special**

**V.I.P. Services (Very Important Pet)**

You may request that special services be provided while your pet is in our care.

- Nail Trim Free w/bath  Nail Trim-Dog \$ 11.00
- Daily Brushings \$2.00 per day  Nail Trim-Cat \$ 9.00
- Individual Walking: \$2.00 per walk X\_\_\_  Paint Front Nails \$ 5.00 
- Feline play times \$3.00 per day X\_\_\_  Special needs \$

**Not available on some Holidays**

**In case your pet needs medical attention or emergency care while boarding, please initial one of the lines below**

- |   | <u>Treatment</u> |
|---|------------------|
| 1). I CONSENT to <b>necessary treatment (includes Emergency treatment)</b> for my pet while boarding. I am responsible for any charges that incur | Necessary _____  |
| 2). I CONSENT ONLY to <b>emergency treatment</b> to sustain life. I am responsible for any charges that incur due to treatment                    | Emergency _____  |
| 3). I <b>DECLINE</b> all treatment on my pet while boarding, even if recommended by a veterinarian.   | DECLINE _____    |

I verify all the above to be correct and I understand the charges and agree to pay in full upon discharge.

Please sign : \_\_\_\_\_

Phone number of responsible party: \_\_\_\_\_ Name, if not owner \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please read the Animal Abandonment Act posted in reception!**

**I will pick up my pet at this time:** \_\_\_\_\_

*If this time is changed, please notify us as soon as possibl*

