

Animal Care Hospital Boarding Agreement

Today's Date: _____ Date of pick up: _____ AM: _____ PM: _____

Owner: _____ Phone Number: _____

Name of Pet(s) :	Bath		or		Full Groom*		Medication**		Special Food***	
_____	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
_____	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
_____	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

* Full Groom includes a bath *plus* breed-specific hair trim. *Must be scheduled in advance with our groomer.*

** There will be a **\$4.00 per day fee** for administration of medicine.

*** We feed **Science Diet Adult Canine and Feline Formulas**. If your pet requires a different food, you may bring some from home. Please note that many pets do fine when introduced to a new food, but some pets may experience GI tract upset when fed a food different from their normal diet. We will treat as needed.

Emergency Contact & Phone Number: _____

Pet's Belongings: ___ Carrier (Color: _____) ___ Toys ___ Treats ___ Food ___ Medicine

Other: _____

How often & how much food do you feed your pet at home? (Examples: ½ cup AM & PM; Food available all day):

Special Instructions (Include detailed medication instructions and anything you wish the doctor to look at):

Our Vaccination Policy: To ensure the health of all pets under our care, a licensed veterinarian must have performed the following vaccinations and exams in the past 12 months. If vaccines were given elsewhere, you must provide us a receipt or vaccination certificate detailing the vaccinations and date given prior to drop-off.

DOGS: Distemper-Parvo, Rabies, Bordetella, Negative stool exam

CATS: Feline Distemper, Rabies

Should any of the above vaccinations be past due, Animal Care Hospital will update your pet(s) vaccines in accordance to the above policy. **Normal charges will apply for all vaccines and exams.**

Medical Illness Policy: One of the advantages of boarding your pet at our clinic is that medical attention is ready and available if the need should arise. If your pet becomes ill, we will call the emergency contact listed above regarding your pet's symptoms, treatment options, and estimated cost of treatment. If, however, no one can be reached, we will administer what the doctor feels is appropriate care to keep your pet comfortable until you can be reached or you come to pick up your pet. **Normal charges apply.**

In signing below, I agree that the information stated above is accurate. The discharge date & pick-up time are correct and I understand that my pet cannot be discharged on a Sunday. I am aware of the hours of operation here at ACH & I understand that no pet will be discharged before/after office hours. It is my responsibility to provide proof of current vaccination records at time of drop off. If my pet is due for vaccinations they will be performed at my expense. I agree to allow ACH to perform any services needed should my pet become ill while boarding and understand that I will be responsible for any costs incurred. I understand that there will be daily additional charges for administering medication(s). ACH takes great care to provide appropriate bedding, sanitized bowls and other needs. I understand that if I leave additional personal items (towels, blankets, toys, etc.) ACH will not be held responsible for damage or loss of such. I understand that my pet will receive the best care possible while boarding at ACH.

Payment in full is due at time of pick up. Thank you.

Signed: _____ (owner or agent of pets)