

Client Label

Veterinary Medical Center P.C.  
Boarding Feline

Pet Label

\_\_\_\_\_  
Receptionist / Kennel Tech Signature

**Welcome.** We are pleased to have \_\_\_\_\_ boarding with us from \_\_\_\_\_ until \_\_\_\_\_.

**Feeding Instructions:**

<b>AM:</b>				<b>PM:</b>		
Type:	Quantity:	Dispense:		Type:	Quantity:	Dispense:
<input type="radio"/> DRY	_____	_____		<input type="radio"/> DRY	_____	_____
<input type="radio"/> WET	_____	_____		<input type="radio"/> WET	_____	_____

Has your dog been fed today? Yes No      When were they fed? AM PM      Did you bring your own food? Yes No

Did you bring treats? Yes No      If not, are they allowed treats? Yes No

**Personal Belongings:**      Carrier: Yes No      Bed Color: \_\_\_\_\_      Blanket Color: \_\_\_\_\_

Toys/Other belongings: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**Note:** Toys that we feel **may be hazardous** to your pet (through ingestion, breaking, etc). will not be placed in the kennel with your pet.

**\*\*Is your pet on any medications? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Other Services:** Please initial any services you would like to have done while your pet is here. These services will be done approximately one day prior to discharge. If your plans change, please notify us in order for those services to be completed before pick up.

Nail Trim \$19 _____	Ear Cleaning \$19 _____	Fecal (we will treat if positive) \$23 _____	Capstar \$6-\$7 _____
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\*\*\*\*In an attempt to maintain a flea free environment all pets will be checked for fleas in your presence prior to admission. Appropriate treatment will be given if fleas are found. If you are unable to wait while the flea check is done, pets that have fleas will be given oral and/or topical treatment for fleas. The appropriate fee will be charged.\*\*\*\* \_\_\_\_\_ Kennel Staff Initials.

**Medical Treatment:** Please **check and sign only one** of the following:

\_\_\_\_\_ As the owner or agent, I hereby authorize the WSAH to provide any medical treatment needed while boarding.

\_\_\_\_\_  
Auth Signature

**OR**

\_\_\_\_\_ As the owner or agent, I request a phone call for pre-authorization to treat unless it is an emergency.

(      ) - \_\_\_\_\_

\_\_\_\_\_  
Auth Signature

**\* You have reserved specific dates for your pet to stay with us. You will be charged for that time even if your plans change and you pick up early. Please advise us if you need your stay extended; you will be charged accordingly. Our day starts at 12:00am and ends at 11:59pm. \*\*We will try our best to accommodate your wishes in regards to what run your pet will be in, however this is dependent on availability\*\***

**\*\*Every precaution will be taken, but the owner hereby assumes all risks in regard to restraint, treatment, care, and custody. All charges must be paid before the animal is removed from the hospital. Abandonment of the animal will be assumed ten (10) days from the notification, at the address given, to remove the animal. All charges incurred will be considered payable by the owner or owner's agent. The owner or agent agrees to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses, including reasonable attorneys' fees, we incur in such collection efforts.**

**My signature verifies that I have read and understood the above. I certify that I am the owner, or acting as owner's agent, of the animal being admitted for boarding, and I assume financial responsibility as such.**

I am the (check one) owner owner's agent.

**Client Signature:** \_\_\_\_\_ **Print Client Name:** \_\_\_\_\_

**\*\* Number to be reached at** \_\_\_\_\_