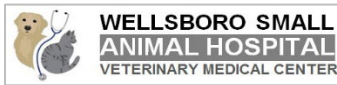


Client Label



Patient Label

BOARDING FORM

Receptionist / Kennel Tech Signature

Welcome! We are pleased to have _____ boarding with us from _____ until _____.

Feeding Instructions: Did you bring your own food? Yes No

Table with 4 columns: TYPE, AM FEEDING AMOUNT, PM FEEDING AMOUNT, EVE FEEDING AMOUNT. Includes checkboxes for Dry Food and Wet Food.

Has your dog been fed today? Yes No When were they fed? AM PM EVE

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

Personal Belongings: Leash Color: Collar Color: Bed Color: Blanket Color:

Toy Description/Colors: 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.

MEDICATIONS

Does your pet have any medications? Yes No Has your pet been given any meds today? AM: Yes No PM: 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.

Table with 6 columns: Service, Owner Initials, Service, Owner Initials, Service, Owner Initials. Lists services like Bath, Nail trim, Fecal, Anal sac expression, Ear cleaning, CapStar.

In an attempt to maintain a flea-free environment, all pets will be checked for fleas prior to admission. Appropriate treatment will be given if fleas are found. 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 initial 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.

Phone Number

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. **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.**

KEYCARDS

We offer our boarding clients a convenient way to pick up their pets after the office is closed. For an \$8.00 deposit (which is credited once the fob is returned), we will give you an electronic fob that will open the door to our boarding facility. Your fob will open the door until 11:59pm the day of your planned return. Your fob is electronically programmed and will not work at 12:00 AM of the next day. If your plans change and you need to extend your pet's stay past midnight, please call us during business hours so that we may adjust your reservation. If you are unable to contact us during business hours, you may pick up your pet the next business day.

Keycard number _____

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.

Please check one: I am the owner owner's agent

Client Signature: Print Client Name:

** Phone number to be reached at _____