

Suburban Animal Hospital Boarding Check-In

Pet's Name: _____ Last Name: _____ Date In: _____ Out _____

Please answer the following questions as clearly and completely as possible so we can provide the best care for your pet.

Estimated Pick Time _____

Weight _____

Food

Appetite: Great Good Fair Poor/Picky Last fed: _____

Food Choice: Use kennel food I brought my own food _____

(brand)

Feed my pet: Once a day Twice a day Three times a day Free Feed

How Much? _____ Dry _____ Canned _____ Treats

Medication- \$2.00 for once a day, \$4.00 for twice a day or more. On medication? Yes No
Diabetic care charges will be in addition to other boarding and medication charges.

Name of medication: _____ Directions: _____ Last given: _____

Name of medication: _____ Directions: _____ Last given: _____

Does your pet have any pre-existing medical problems we should be aware of?

Has your pet been ill during the past 2-4 weeks? If so, please explain.

Would you like an exam for your pet for the described illness? (\$49.00) Yes No

Anything else we should know about your pet?

Additional Services

Stool Sample-Charge: \$23.50 Yes No

We routinely advise that all dogs and cats have a sample checked for intestinal parasites at least once a year. If your pet has not been checked recently, the boarding situation provides an ideal opportunity for this service.

Bath: Charge: \$19.82* (nail trim and ear cleaning included) Yes No

*Additional charge for medicated baths

No bath? How about just a nail trim? (\$11.12-\$16.62) Yes No

Buddy Time-Charge: \$6.50 + tax for each 30-minute session per pet Yes No

(Unless requested, Buddy Time is not available on day of departure)

Would you like your pet to receive: (1) 15-minute/day (2) 15-minutes/day

How often would you like Buddy Time? Everyday Every other day other _____

What kind of activities does your pet enjoy? _____

▶▶ Pet's Belongings ◀◀

We cannot accept responsibility for leashes, toys, collars, blankets, and etc. that may become lost while your pet is boarding. We will make every attempt to return items to you; however, on occasion these items are misplaced or destroyed by the pet. If you choose to leave belongings please provide us with a list:

Release Authorization **Read carefully and initial each section:**

(___) I give my permission for the staff to examine and vaccinate my pet if due or overdue for Distemper, Rabies and Kennel Cough vaccination. **VACCINATIONS MUST BE CURRENT** in order for your pet to be boarded. I understand that I am responsible for all related charges, including an exam fee if required. **Vaccines due:**

(___) If my pet becomes ill and requires surgical or medical treatment, I give my permission for the staff to do whatever is necessary for the well being of my pet. If your pet does become ill during his/her stay with us, a veterinarian will examine your pet. Uncomplicated problems such as persistent diarrhea, abrasions from rubbing on kennel doors, and the like will be treated medically. Potentially more serious problems, (failure to eat, persistent vomiting, difficult urination etc.), may warrant diagnostic blood, urine tests and even x-rays. If the situation appears serious enough, your pet may be taken to the Animal Emergency Service on E. Henrietta Rd. (across from MCC) for 24-hour care. **We will make every attempt to contact you at the numbers you provided should your pet become ill while with us.** I also understand that I am responsible for all related charges, including an exam fee if required. If there are limitations to the care you wish us to provide for your pet, we need to know before you leave your pet with us.

() I wish to be contacted before my pet receives ANY treatment or medication.

OR

* If we are unable to contact you at the provided emergency numbers, the veterinarian may need to begin treatment in order to ensure your pet's health and wellbeing.

() Please treat any uncomplicated problems at the Veterinarian's discretion and contact me only in the event of a serious condition or extensive treatment.

(___) In order to maintain a "flea free" environment your pet will be checked for fleas. If fleas are present, your pet will be treated at the Veterinarian's discretion and at your expense.

The undersigned acknowledges contracting for above services and understand that he/she is responsible for all balances due upon discharge of the pet. If someone other than the owner is to pick up a pet, please let us know. We will not release an animal to anyone other than the owner without prior authorization from the owner.

SIGNATURE _____ DATE _____

EMERGENCY PHONE NUMBER(S) _____

Alternate Contact and Phone Number _____

Witness _____