

Patient Label

Client Label

Date IN:

Date OUT:

DOES YOUR PET HAVE ANY OTHER PROCEDURES WHILE HERE BOARDING (SURGERY OR DENTAL) Yes ____ No ____

Feeding: OWN FOOD ____ CLINIC FOOD ____ Amount to feed in AM ____ Amount to feed in PM ____

Belongings: _____

Emergency Contacts: Emergency contacts below have been made aware they are listed as an emergency contact and are authorized to make decisions regarding pet's health. You can use yourself as the ER contact if you will be available by phone.

Emergency Contact 1:

Name _____
Number _____
Email _____

Emergency Contact 2:

Name _____
Number _____
Email _____

Pet pictures are posted throughout their stay on our clinic Instagram. Initial here **to opt out** if you do not want your pet's picture posted. _____

Emergency option for our Veterinarians: Should your pet experience a medical problem while boarding, a veterinarian will make every effort to reach you at the above number(s) for approval to treat. Occasionally, we are faced with a situation where clients and emergency contacts cannot be contacted and delaying treatment may result in worsening of the pet's condition or death. In the event that my pet experiences a medical emergency, and I cannot be reached to approve treatment:

Choose only ONE option

Option 1: Please treat my pet with whatever is necessary to safeguard his/her health including surgery and transfer to the emergency clinic. I understand that I will be financially responsible for all treatment costs. **Initials** _____

Option 2: Please treat my pet with whatever is necessary to safeguard his/her health but do not exceed cost of **\$400** without first consulting me. **Initials** _____

Please initial or sign ALL items below

If your pet experiences stress related vomiting or diarrhea while boarding, they will be treated at your expense (usually less than \$100). Waiting is not an option due to risks associated with dehydration. **Initials** _____

I understand that vaccinations protect against some diseases, but not all. Current vaccination status does not prevent all cases of upper respiratory disease and other infections. We take every reasonable precaution to avoid the spread of diseases among our boarders, thus Animal Hospital of Rowlett is not responsible for exposure to disease from other boarders. **Initials** _____

Due to high boarding volume, Animal Hospital of Rowlett is not responsible for lost or damaged items while boarding. Pick up after 6:30pm M-F and after 12pm Saturday will result in additional charges. **Initials** _____

If you have requested a spa bath or groom the day of pick up (M-F only), pets will be ready after 2pm. Spa bath with kennel staff can increase shedding after a good massage. We will brush lightly and dry, but if you prefer a de-shedding treatment, please schedule with our groomer. **Initials** _____

If your pet is not current on vaccinations at our clinic and you did not bring records with you, we will make attempts to call for records today. Should the clinic not send them over by closing time, we will vaccinate your pet to our required boarding standards at your cost. **Initials** _____ **Name of clinic where vaccinated last** _____

I have read and understand this boarding contract and agree to all items indicated above. I agree to all charges incurred during my pet's stay. An estimate has been provided to me for general boarding charges and may not include any optional items or emergency medical treatments necessary to my pet while boarding. **Initials** _____

Client Signature _____

Date _____

Should you wish to select optional items while boarding or have medications for your pet, fill out page 2.

Basic Cage ____ Basic Run ____ Tranquility Suite ____ Luxury Suite ____ Cat Cage ____ Double Cat Cage ____ Form updated 1.1.20

Boarding Options: Please initial the line beside each additional item you desire during your pet's hotel stay. Please note these items may not be reflected in your estimate.

 Extra Playtime (\$10 per playtime) daily (included with lux suite)

In addition to 3 walks/playtimes per day, you can choose an additional playtime in the a private area for your pet.

 Massage Time (\$10 per massage) daily (included with lux/tranq suite)

We would love to spend some extra time petting and massaging your pet. We even have a dedicated chair in their room!

 Tuck in and Bedtime Story nightly (\$12 per night)

Our final walk in the evening is 6:30pm. If you wish for your pet to have a late night walk, we would love to come give them a special walk and read them a story at 10:00pm.

 Kong time (\$10 per treat) daily (included with lux suite)

Your pet will be given a special stuffed kong, in addition to their daily treat from the canine treat jars! Cat nip substituted for our feline guests.

 Spa Bath (price based on long/short hair-ask for details)

Our spa bath is the perfect ending to a relaxing vacation at our Pet Hotel. Let us give your pet the pampering they deserve.

 Groom (by appointment only (price varies)

Our Groomer would love to give your dog a bath, blow dry, haircut, nail trim, anal gland expression, ear cleaning, sanitary shave, shed-less treatment, or anything else you may desire! Please fill out the head to tail instruction sheet below for the groomer.

Head: _____
Face: _____
Body: _____
Legs: _____
Feet: _____
Sanitary: _____
Tail: _____

 Manicure/Pedicure (\$17 and up-ask for details)

Everybody loves a mani/pedi! We can trim the nails, file (dremel) the nails, and even paint the nails a color of your choice!

BELOW INFORMATION REQUIRED IF YOUR PET HAS MEDICATION(S): All medications must be in original pill bottles and should not have been transferred into another container prior to arrival.

 Kennel Medication (\$6 per day--you must fill out a separate medication instruction form at drop off)

Our Pet Hotel staff is trained to administer routine oral medications (thyroid medications, vitamins, allergy pills, heartworm and flea preventions, and other over the counter pills) as needed.

 Nurse Medication (\$16 and up per day--you must speak to a nurse at drop off)

Any critical medications including, but not limited to controlled substances, insulin or any injectable drug, inhalers, double/triple heart medications or any pet with 3 or more medications are considered nurse medications.

Name of Medication: _____
Strength/Mg: _____
Morning _____ Mid-Day _____ Evening _____ Time of last dose given _____

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Strength/Mg: _____
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Strength/Mg: _____
Morning _____ Mid-Day _____ Evening _____ Time of last dose given _____

Our medication schedule is 7am for morning medicine, 2pm for mid-day medicine, and 7pm for evening medicine. There are additional fees for mid-day medications on the weekend. Initials _____