

Boyd's Creek Animal Hospital Boarding Admission Form

Drop-off Date and Time: _____

Pick-up Date and Time: _____

Date and Time exiting hospital: _____

Pet's name: _____

Phone number(s): _____

Client's name: _____

E-mail: _____

If your pet has any of the following conditions (or is taking medication for any of the following conditions), he/she will be required to board in our HOSPITAL QUARTERS. Daily rates vary based on size of pet. Daily monitoring is provided. Treatments with injections, oral medications, and fluid administration will be at the owner's expense.

Please indicate if your pet has any of the following

- ___ Diabetes
- ___ Seizures
- ___ Heart disease
- ___ Currently receiving puppy/kitten vaccine series
- ___ Recovering from major surgery
- ___ Cushing's/Addison's disease
- ___ Major autoimmune disease.
- ___ None of the above listed conditions

_____(initials)

Additional services:

While your pet is here for their stay, we have the unique opportunity to perform additional and/or recommended services at an additional cost. Please select any additional services requested:

- ___ Nail trim \$ _____
- ___ Bath package or grooming package (prices range, please check with us for more details)
- ___ Furminate/blowout/brush \$ _____
- ___ Heartworm test \$ _____
- ___ Blood work \$ _____
- ___ Feline leukemia/FIV \$ _____
- ___ Vaccinations \$ _____
- ___ Fecal testing \$ _____
- ___ Express anal sacs \$ _____

Hospital Boarding Policies

Thank you for choosing our hospital to board your pet. We provide quality boarding with a personal touch. Every attempt will be made to give each pet individual love and attention during their stay with us. We strive to maintain a sanitary and healthy environment for our patients.

Vaccinations:

All pets must be up to date on their vaccinations, and it is the OWNER'S responsibility to make sure that proof of current shots is on file with the hospital at the time of admission. If vaccinations have been administered at another veterinary hospital and they are closed at the time of admission and proof of those vaccinations is not on file, the vaccines will be brought current at the time of admission and the client will be charged accordingly. Boarding animals less than 5 months old is NOT recommended because they may not have developed complete immunity yet.

Required vaccines:

**Dog: Rabies, Distemper/Parvo(DA2PP, Bordetella
Cats: Rabies, Distemper(FVRCP)**

Recommended vaccines:

**Dog: Leptospirosis, Influenza
Cat: Feline leukemia (FELV)**

_____ (initials)

Internal/external parasite control:

All pets must be free of parasites, including fleas, ticks, and intestinal parasites. We require a fecal screen for intestinal parasites if not done within the last 6 months.

If we see fleas on your pet, we will administer the appropriate prevention at the cost of the owner.

_____ (initials)

Rates and payments:

Dog boarding rates are based on kennel size. Other services provided to your pet during boarding are charged at regular cost. Payment IN FULL is expected when your pet is discharged. **An \$80 deposit is REQUIRED for first time clients and/or extended stays (longer than 5 days).** Rates are calculated on a daily basis. Boarding is charged by the number of days stayed, and charges are updated by date of discharge/pick-up.

_____ (initials)

Medical illness policy:

One of the advantages of boarding your pet(s) at a veterinary hospital is that medical attention is readily available for our guests. If your pet needs medical attention, we will call the emergency number that was given to us on admission. If we are unable to contact you, your pet will be treated, as we deem necessary, at normal hospital rates. If your pet is currently on medication, please inform the receptionist. Charges for administering medications are based on the frequency of dosages and the means of administration (There is a \$3.50 fee per administration.

_____ (initials)

Personal belongings:

Leaving personal belongings, i.e. toys, blankets, bedding, etc., is discouraged due to sanitation and orderliness requirements. Clean bedding and toys are provided. If you have questions about this, please discuss with the admitting staff member. The hospital is not responsible for any items if lost or soiled. Collars and leashes may not be left at any time. Your pet will wear a paper ID neck band during their stay. We recommend bringing your pet's own food to avoid GI upset. If you choose not to bring your pet's food, we do offer Purina EN diet to our boarding guests. If your pet requires a special diet, please bring this with you at the time of admission.

***Raw diets cannot be accepted due to sanitation and orderliness requirements.**

_____ (initials)

Inherent conditions/aggression:

Occasionally pets may develop problems from environment, stress, and dietary changes. Signs may include: coughing, diarrhea, self-trauma (such as scratching or biting their skin), sneezing, or vomiting. We take great care so that these problems won't occur and we treat our guests promptly, if needed. However, please be aware and understand that these conditions can develop and that the hospital is not financially responsible for these inherent conditions, if they do occur. Should your pet demonstrate aggression towards a staff member during his/her stay, the hospital reserves the right to terminate the boarding reservation and require the pet be immediately collected by the owner or authorized agent.

_____ (initials)

Abandonment:

Please notify us if there are any change of plans in your pet's scheduled release/pick-up date. If you do not notify us of a change in your pet's departure date, and either we do not hear from you or are unable to contact you or your authorized agent for a period of 24 hours after your pet's scheduled release date, the hospital will consider your pet abandoned according to the animal abandonment laws of the state of Tennessee. Please be advised that the pet owner will be responsible for the fees accrued and any other fees or legal services incurred by the hospital as a result of abandonment.

_____ (initials)

_____ (initial) All pets must be up to date on vaccinations. Proof of current vaccinations MUST be on file at the time of boarding, or they will be administered upon admission.

_____ (initial) It is our hospital policy that all pets are clean at the time of discharge. If your pet becomes soiled during their stay, he/she will likely need a clean-up bath before leaving; if a bath is considered necessary, it will be done on the day of discharge, and you will be charged at regular bath rates.

_____ (initial) We operate a flea-free facility, and in order to maintain this standard, flea treatment will be required for boarding. If fleas are seen on your pet, they will be treated for an additional cost. The price for a single treatment can range. Please touch base with our team for prices.

Medical illness policy:

Should your pet require veterinary attention while boarding, please indicate only ONE of the following that you authorize:

- ___ Please do whatever is needed without calling me
- ___ Please do whatever is needed up to \$_____
- ___ Please do not do anything before calling me at the number(s) provided

If you cannot be reached:

- ___ I give permission for emergency, life-saving medical procedures only
- ___ Treat my pet up to \$_____

I have read and agree to the above listed policies for my pet to board at this facility.

Signature: _____

Date: _____

Responsible contact in case of emergency: _____

Witness: _____