



Boarding Side A

Client Name _____ Pet name _____

Numbers/email where you can be reached _____

Emergency contact if you cannot be reached _____

Hospital and boarding policies

° Leaving toys, bedding, and other personal items is strongly discouraged. They are difficult to keep track of if cleaned/laundered. Towne Animal Clinic will not replace or compensate for any damaged or lost items, and may remove any items that interfere with our care of your companion. **Initial** _____

° Boarders must be current on: Rabies, Distemper, & Bordetella (Dogs) or Rabies & Distemper (Cats/Ferrets). If any of these are not current or verifiable, they will be given. If fleas or ticks are found upon admission, your pet will be treated. Fees for vaccinations, flea/tick treatment, boarding and administration of medications are due at the time of discharge. **Initial** _____

° We will try to contact you about major problems, but if minor problems are found or occur while boarding, do we have your permission to treat them without contacting you? **Initial** _____

° If, to maintain proper hygiene, your pet requires frequent bathing or bedding changes due to cage soiling, an additional fee of \$10 per day will be added to boarding fees. **Initial** _____

° This facility does not have 24 hour supervision. If your pet is hospitalized and needs constant supervision, he or she will be transferred to an overnight care facility. **Initial** _____

Pick up times: M-F 9AM-7:30PM (12-8PM if bath is given) Sat 9-12:30PM Sun: Closed

Planned Pick up date _____ Planned pick up time _____ AM PM

I authorize indicated procedures and assume full financial responsibility for fees incurred while my pet is boarding at Towne Animal Clinic.

I understand that any balance due must be paid at discharge and that I am responsible for any and all collection and attorney fees associated with unpaid charges and returned checks.

Owner Signature

Date

Verified by (staff initial) _____

Boarding Side B

What do you feed your pet:

Brand _____ qty _____ Times per day _____

What medications will we be administering while your pet is here:

Medication _____ mg _____ qty _____ frequency _____

When is the next dose of medication due? _____

Any special notes regarding your pet's behavior or normal routine we should be aware of:

Procedures to be completed while your pet is staying with us: check all that apply

Trim nails

Clean ears

Clip matts

Pluck ears

Express anal glands

CANINE reduced rate clean up bath

must board 2 or more days

List any other medical procedures to be performed while boarding:

Items left with pet (circle all that apply) **(OFFICE USE ONLY)**

Collar Y / N

Medications: list names _____

Leash Y / N

Food Y / N

Carrier Y / N

Any other items left: _____

Verified by (staff initial) _____