



## 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/launched. 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** \_\_\_\_\_

**Verified by (staff 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

## 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	\$23.00	Clean ears	\$40.75
Clip matts	\$15.75	Pluck ears	\$34.50
Express anal glands	\$43.25	CANINE reduced rate clean up bath	

Verified by (staff initial) \_\_\_\_\_

**List any other medical procedures to be performed while boarding:**

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

Collar            Y / N

Leash            Y / N

Food             Y / N

Carrier          Y / N

Any other items left: \_\_\_\_\_

Medications: list names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Verified by (staff initial)** \_\_\_\_\_