

BOARDING AUTHORIZATION & CARE INSTRUCTIONS

Owner: _____ Pet: _____

Last Name, First Name

Name

Boarding Dates: ____/____/____ : ____ am/pm

Check-in Date

Drop-off Time

____/____/____ : ____ am/pm

Check-out Date

Pick-up Time (approx.)

Note: Pets may Check-in and Check-out during Office Hours: M-F 8 a.m. to Noon and 2p.m. to 6 p.m. Thurs. 8 a.m. to Noon Sat 8 a.m. to 3 p.m. Closed Sundays. Sunday staff are not authorized to accept or release patients.

CARE INSTRUCTIONS

Walks: No Yes, please walk my dog! (Although every precaution is taken by our staff, I understand that there is always a small chance that my dog may get loose or injured during walks.)

Food: Feedings per day: _____ Amount per feeding: _____ Dry Canned Mixed

Prescription or Allergy Diet (if required): _____

Medications must be in their original prescription container with printed instructions

Medication Name

Type/Purpose

Dosage/Frequency

It is our policy to provide your pets with the medication you provided at the intervals listed. If our doctors did not prescribe these medications, we recommend an exam and consultation to review your pet's medical condition. (Please note: additional charges apply for exams and providing medication during your pet's stay.)

Please provide the following: (additional charges apply) Bath Nail Trim Ear Clean
 Exam: (please explain any problems) _____

Special Instructions: _____

- Please board my pets together.** I understand The Heights Animal Hospital recommends against boarding pets together. I have been advised that my pets may become aggressive while boarding together. I release the hospital from all financial and legal responsibility. I further authorize any treatment deemed necessary for any injuries occurring as a result of boarding my pets together.

• Initials _____

EMERGENCY CONTACT INFORMATION

We may be reached at: () _____ - _____ If unable to reach us, please contact:

_____ () _____ - _____
Name Phone Relationship

In an emergency (Initial one of the following)

_____ Please provide our pet with necessary treatment, we will be responsible for any related charges.

_____ Do not provide any emergency care without permission from us or our emergency contact.

If you are unable to reach us or our emergency contact, or our emergency contact is unwilling to make a treatment decision. (Initial one of the following):

_____ Please provide our pet with necessary treatment, we will be responsible for the related charges.

_____ Please make our pet as comfortable as possible until we can be reached, we will be responsible for the related charges.

_____ Please do not let our pet suffer, we request euthanasia. We will be responsible for the charges.

Person(s) Authorized to pick-up/visit pet: _____

Person picking up your pet must pay all charges incurred while boarding. An estimate will be prepared during drop off, upon owner's request.

Boarding Fees: are charged from the drop-off time until Noon the next day, not per 24-hour period. Your pet's accommodations are reserved for the entire day on both the drop-off date and pick-up date. Pets dropped-off late in the day will still be charged for the entire day. Pets picked-up after 12p.m. will be charged for another day. You may drop-off or pick-up from the time we open until the time we close.

Initials: _____

We are not a 24-Hour Facility: Our facility is staffed 7 days a week. However, pets are not monitored during overnight hours. Emergencies rarely occur after hours, however, should one occur, it is unlikely your pet will receive treatment until the next morning.

I accept the terms of this boarding agreement and wish to board my pet at The Heights Animal Hospital.

Print Your Name

Signature

_____/_____/_____
Today's Date