Boarding Admission & Consent Form

Arlington Heights Animal Hospital

412 W. Algonquin Rd., Arlington Heights, IL

Check In Date: _____ Check Out Date: _____ **Canine** ☐ **Feline** ☐

Client Name: _____ Pet Name: _____

Emergency Contact: _____Phone:_____

It is our policy that all pets be current on their vaccinations. If vaccinated elsewhere, proof must be provided. Should vaccinations need updating, an exam can be scheduled while boarding. All boarding animals must be free of fleas. If we see fleas, we will administer a flea medication/preventative and this will be added to your fees.

Update Required Vaccines: ☐ Rabies (K-9 & Feline) ☐ PDA2P (K-9) ☐ Bordetella (K-9) ☐ FVRCP (Feline)

While we do not require the Canine Influenza vaccine for boarding, we do **strongly recommend** it. This vaccine does require a series of two (2) the first time it is administered. The second vaccine is given three (3) weeks after the first.

Canine Influenza Vaccine (H3N2)   Accepted ☐   Declined ☐

Additional items/concerns requested at time of doctor exam:
☐ Leptospirosis Vaccine   ☐ Lymes Vaccine   ☐ HWT   ☐ Fecal   ☐ Ears Cleaned   ☐ Nail Trim

☐ Anal Gland Expression   ☐ Surgery   ☐ Other _____

*Office Use Only: Appointment Scheduled for

Date		Time		Doctor	

Is your pet on medication? ☐ Yes (if yes, you must complete section below)   ☐ No

NOTE: There is a **daily charge of $4.00 for administering medications while boarding**.

Medication	Directions	Last Time Administered

We feed Royal Canin Gastrointestinal Diet (or a similar high quality food) to pets while boarding. You may use our food or bring your own. Are you providing food for your pet while boarding? Yes ☐   No ☐

Amount:_____ Frequency:_____ Name of Food:_____

If your dog is boarding with us for **more then one night**, a complimentary bath will done the day before the scheduled release date. If you prefer to schedule a Spa Bath (which includes ear cleaning and nail trim) at an additional cost, please let the receptionist know.

☐ Complimentary Bath   ☐ Spa Bath

*Office Use Only: Spa Bath Scheduled For:_____

Do you administer a flea preventative?   Yes   No

Name of preventative?   _____

Date last administered?   _____

We have seen an inordinate number of flea cases in the past few weeks and are proactively checking all animals upon arrival for boarding. Should we find fleas on your pet, we will promptly notify you or your listed emergency contact. For the well being of your pet, and all the animals at AHAH, we will need to treat the flea problem with Frontline or Nexgard and we will give them a bath. Please be aware this required treatment will be at your expense.

Inherent Conditions: Occasionally pets may develop problems from environmental and dietary changes. Signs may include: vomiting, diarrhea, coughing, sneezing and self-trauma such as scratching or biting their skin. We take great care so that these problems won't occur and we treat our patients 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.

_____ Owner/Designated Agent Initials

Medical Attention: If your pet needs attention we will call the emergency number provided to us at admission. If we are unable to contact you at the emergency number provided, your pet will be treated as we deem necessary, at the normal hospital fees. I understand that AHAH is not staffed 24 hours a day and that if my pet requires 24 hour care, I authorize transport of my pet to a 24 hour hospital.

_____ Owner/Designated Agent Initials

Personal Pet Items: I understand that AHAH provides sanitary, comfortable bedding during my pet's stay. I understand that for safety reasons, leaving personal pet items such as toys or bedding are strongly discouraged; if I do decide to leave personal items, AHAH is not responsible for lost/damaged items. I understand that AHAH will not allow pets in boarding to have chew toys, rawhides, or other toy/treats that may be a choking hazard.

I, the undersigned owner or designated agent, hereby authorizes Arlington Heights Animal Hospital to board my pet during the dates listed above. I also hereby authorize the Hospital to perform the services indicated above while my pet is boarding. As the owner of said animal, I realize that I am responsible for boarding fees, and any associated costs, and for the payment of services listed and that they are to be paid in full at the time the animal is discharged. I understand I need to inform the Hospital if there is a change in the scheduled release date. If I do not pick up the animal within five (5) days of the scheduled release date, the Hospital will assume the animal is abandoned. If the animal is abandoned, the Hospital is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

Thank you for choosing our boarding facilities. Our AHAH staff will treat your pet as if he/she were their own and will be kept safe and comfortable while you are away.

Date: _____ Owner/Designated Agent: _____

2/2019