

Angel Animal Hospital and Boarding

Pet Name _____ **Client First and Last Name** _____

Boarding Rates:

Dates Boarding: ___/___/___ to ___/___/___

Feline Condo: \$32 per night

If you are boarding two cats in the same condo, the 2nd cat is charged at half price.

Contact Information: PLEASE PROVIDE THE BEST CONTACT NUMBERS

Name _____ Number _____

Name _____ Number _____

Email _____

Emergency Contact: Name _____ Number _____

Medical Information:

Brand of flea prevention _____ Date applied: ___/___/___

Has your cat been ill within last 30 days? Y___ No___

If yes, describe _____

Has your cat been boarded before? Yes ___ No ___ Does your pet board well? Yes ___ No ___

Does your cat have any aggressive behaviors toward people? Yes ___ No ___

Does your pet have any special needs or pre existing conditions? Yes ___ No ___

If yes, please explain _____

Does your pet have any surgical procedures scheduled during their stay? Yes ___ No ___

Feeding/ Diet:

We do not "free feed" cats while they are boarding. We will measure food and refill as needed. This way we can monitor whether or not your cat is eating appropriately.

Are you providing your pets own food? Yes ___ No ___ If yes, what brand? _____

Does your pet have special dietary needs? (prescription diet or allergies?) Yes ___ No ___

Does your pet eat: Dry Food ___ Canned Food ___ Both ___

If both, do you mix dry and wet together? Y___ N___

How many times per day does your pet eat? Once ___ Twice ___ or Three times ___

Feeding Instructions (please be specific): _____

Grooming:

There is a 10% discount on grooming during boarding. If the groomers schedule allows, grooming is performed the same day as pick up and the **groomer will call when your pet is ready**. Please provide a contact number for the groomer to reach you to go over details if you wish for your pet to be groomed. You must also sign a grooming consent form.

Would you like your dog groomed during their stay? Yes ___ No ___

Contact Number: _____

Special Requests:

Do you have any special requests while your pet is boarding with us? Examples include: nail trims, anal gland expression, ear cleaning, etc... Annual or semi-annual exams and vaccines are not performed while boarding, these are required to be up to date prior to your reservation.

Medication:

Medical services and medication administration are provided by our trained medical staff for a daily fee of \$10.

Is your pet on medication? Yes ___ No ___ If yes, please provide information below:

Medication name: _____ **Strength (mg)** _____

Instructions: Give ___ tablet(s) or ___ mls (if liquid) Frequency : _____

Specific Time? _____ With food? Y N

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Medication name: _____ **Strength (mg)** _____

Instructions: Give ___ tablet(s) or ___ mls (if liquid) Frequency : _____

Specific Time? _____ With food? Y N

Please provide any helpful hints for giving medications:

Medical Treatment: We will always make every effort to contact you or your emergency contact to inform you of your pets medical situation may it arise. In the event that medical intervention is necessary:

For pets requiring extra care- diabetic emergencies, cardio-pulmonary events, seizures, or any other condition or injury requiring 24hr care :

I allow my pet to be transferred to the nearest 24hr hospital and will be responsible for any charges incurred.

INITIAL _____

Non-Emergency Care- medication, minor injury, gastro-intestinal upset (vomiting/ diarrhea), etc...

If your pet needs any additional medication or **non -emergent** medical treatment, please select one of the following:

_____ I allow up to \$_____.00, in addition to boarding costs, to treat my pet in the event I cannot be reached.

OR

_____ I **do not** want my pet treated unless I am contacted prior.

Emergency:

In the event of an emergency, should my pet named _____ require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic intervention, **I request (initial) _____ or decline (initial) _____** that the doctor(s) at Angel Animal Hospital pursue such medical care as indicated below. **I have been informed by Angel Animal Hospital that less than 5% of animals that require CPR will survive to be discharged from the hospital.** I understand that despite the best efforts of the veterinarians and staff at Angel Animal Hospital CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health and, thus, may leave him/her as an invalid. I understand Angel Animal Hospital is not a 24hr hospital, and if CPR is successful my pet will need to be transferred to a 24hr emergency hospital for further care. I agree that after exercising reasonable medical judgment, and a veterinarian determines that there appears to be virtually no hope for medical success, further CPR procedures will cease.

I request CPR be performed on my pet, and allow my pet to be transferred to a 24hr hospital for continued monitoring

Owner's Signature _____

I decline CPR to be performed on my pet, and allow humane euthanasia

Owner's Signature _____

BOARDING POLICIES- Please read and initial each policy.

Parasite Policy: Pets admitted to our facility must be free of internal and external parasites including intestinal worms, fleas, ticks, and mites. All pets must receive an oral OR topical parasite preventative prior to checking in for boarding. If parasites are discovered, your pet will receive a dose of ACTIVYL, a topical flea preventative, which is safe to use even if other topical flea/tick prevention has been applied. The charge will be \$15.00 to \$17.00. INITIAL _____

Vaccination Policy: In order to protect the health of your pet, all pets being admitted to Angel Animal Hospital & Boarding are required to be current on all vaccinations. It is your responsibility to provide current records of vaccinations. **If any of your pets' vaccinations or exam are past due, they must be inoculated or examined prior to admittance.** Pets that are young and have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risk of infection. INITIAL _____

Policy Concerning Unpaid Bills/Abandoned Pets: If you do not pick up your pet within ten days of its release date, your pet will be considered abandoned. You will be billed for treatments and boarding incurred up to the date you pick up your pet. Attorney fees and court costs, plus collection fees will be turned over to a national collection agency and reported to the appropriate credit bureaus to be placed on your credit report. INITIAL _____

Pet Belongings: Angel Animal Hospital & Boarding asks that you limit the items left with your pet to collars/leashes and food/treats/medications. **We will not accept toys, bowls, beds and blankets;** too often these do not make it home in one piece. We apologize for the inconvenience. We do provide plenty of bedding, blankets and toys for your pet to enjoy during his/her stay. INITIAL _____

Additional Food Policy: If your pet does not eat his or her regular diet AAH will add canned food (Purina EN or Science Diet i/d) in order to entice your pet to eat. I understand additional food added will be charged to my account and will be paid for upon my pets departure from AAH. INITIAL _____

****I am the owner or agent for the above described animal. I have read and understand above policies, and I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. In the event of a medical emergency please note treatments will be rendered and the cost will be the responsibility of the client.***

Client Signature _____ DATE _____

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To be filled out at time of check in with technician

Items left with pet: NO BEDS, BLANKETS, TOYS

Collar _____
Carrier _____

Medications:
_____ Refills ? Y N
_____ Refills ? Y N
_____ Refills ? Y N
_____ Refills ? Y N

Food:

Technician Checking in : _____

Please be sure any grooming or surgical consents are printed and signed

{FULLNAME} {NAME}

Check Out

This **MUST** be signed by client

_____ I have reviewed all of my pets belongings including medications, and everything has been returned to me.

_____ I have received a full report on how my pet did during their stay

_____ I have addressed any questions or concerns

Signature _____

Discharged by _____