



SUNSHINE ANIMAL HOSPITAL BOARDING FORM



Owner _____

Arrival Date: _____ Departure Date: _____

Phone: _____
Number where you can be reached while away

Other Phone: _____

Emergency Contact Name

Phone: _____

PET(S) NAME(S) _____

Please disclose any medical conditions we need to be aware of and list any medications your pet should be given while they are here. **Specify drug(s) and times to be given, time last given.**
PLEASE NOTE: If medications needed are not listed here they will NOT be administered.

Check which (if any) additional services you request while you pet is staying with us:
Some services require professional (doctor) fees.

- Trim nails Bath – \$17.50 Other _____
- Clean ears Check skin/allergies Check ears Express anal glands
- Special Diet No Yes If yes, specify _____

BOARDING AGREEMENT

Must have proof of current vaccine status.

If proof of my pet's vaccinations has not been provided to Sunshine Animal Hospital prior to the first day of boarding, or if Sunshine Animal Hospital is otherwise unable to verify my pet's vaccine status, I understand that my pet will be examined by a veterinarian and vaccinated to meet the boarding requirements herein stated. I agree to pay the full cost of this examination and vaccination.

DOG VACCINE REQUIREMENTS: Rabies, Distemper Combo, Bordetella, Lepto, Canine Influenza

CAT VACCINE REQUIREMENTS: Rabies, Distemper Combo, Bordetella.

- Owner will disclose all and any potential health issues.
- **All pets will be treated for fleas/ticks with Vectra 3D, Vectra for Cats or the equivalent upon admission for boarding unless they are currently on a flea/tick control program. This treatment is \$16.00.**
- Owner agrees to pay the amount for boarding upon check out and agrees to pay all costs and charges for special services requested and all veterinary costs for your pet during the time the pet is in the care of Sunshine Animal Hospital.
- Administration of medication, once daily is included in the boarding fee. More than once daily will be an additional **\$7.00** per treatment.
- If your pet becomes ill or if the state of the animal's health requires professional attention, Sunshine Animal Hospital, in its sole discretion, may engage the services of our veterinary staff, administer medicine or give other requisite attention to the animal and the expenses thereof shall be paid by the owner. **Prior to this step every effort will be made to contact the owner before treating.**

I (the undersigned) **have received and approved an estimate of my pet(s) boarding charges.**

I (the undersigned) **have read and understand the above conditions, and agree to the terms within.**

Signature of Owner/Representative of Owner