



Owner's Name: _____ Pet's Name: _____

Breed: _____ Color: _____ Age: _____ Sex: _____ Spayed/Neutered

Is your pet up to date on the following vaccinations?

If pets are not current on their vaccines, they will be administered upon admitting the pet at the owner's expense.

<u>Dog</u>	<u>Cat</u>	<u>Date vaccine was given</u>	<i>We require a copy of the vaccine records if performed at another vet. These can be emailed, faxed or a physical copy. These are required at time of drop off.</i>
Rabies	Rabies	_____	
DHLPPV	FVR-CP	_____	
Bordetella	Leukemia	_____	
Canine Influenza		_____	

Date in: _____ **Date Out and Est. Time:** _____

(If picking up or dropping off on Sundays or holidays, please arrive at 4:30 as the clinic is not open for normal business hours.)

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Which one of these is best to reach you while your pet is boarding? _____

Emergency Contact: _____ **Phone Number(s):** _____

****I authorize my Emergency Contact to make Medical and Financial decisions in my absence. ** Yes No**

I would like my pet to have the following additional services while boarding:

Bath (Bath Prices Listed Below) **Nail Trim** (Included) **Anal Glands** (Included)

Food: Kennel Diet Own Food

(Please list brand if providing own food and/or provide prescription diet name that we need to provide during your pet's stay.)

Dry: _____ **Amount per Meal:** _____ **Circle one:** 1x/Day 2x/Day Free Feed

Wet: _____ **Amount per Meal:** _____ **Circle one:** 1x/Day 2x/Day Free Feed

Treats: _____ **Quantity:** _____ **Frequency:** _____

Time of Pet's last meal: _____ **Amount Eaten:** _____

Special Instructions: _____

Medications: *Please write the name of each medication even if pre-packaged prior to arrival.*

Drug Name & Strength:	Dosage Instructions:	Time Last Given:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Personal Items: *Please describe the color/pattern of each item.*

- | | |
|--|--|
| <input type="checkbox"/> Pet Bed: _____ | <input type="checkbox"/> Dry/Wet Food |
| <input type="checkbox"/> Blanket: _____ | <input type="checkbox"/> Treats |
| <input type="checkbox"/> Leash: _____ | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Carrier: _____ | |
| <input type="checkbox"/> Toy(s): _____ | |

Other: _____

Pricing: All Daily Boarding Prices begin the day your pet is dropped off regardless of the drop off time.

Dogs: <40lbs - \$16/day >40lbs - \$18/day Run - \$22 per day

Cats: \$16 per day

Exotics: Owner Provided Kennel - \$12 per day

Diabetic Pets- \$26 per day

Bath: Includes Washing, Nail Trim, Anal Glands Expression, and Ear Cleaning.

Short Hair- <40lbs - \$30+tax 41-75lbs - \$40+tax 76-100lbs- \$50+tax >100lbs-\$60+tax

Medicated- <40lbs - \$30 41-75lbs - \$40 76-100lbs- \$50 >100lbs-\$60

Long Hair – additional \$5

Medication

If your pet runs out of medication during their stay, we will supply the necessary medication until the pet is picked up.

NOTE: *There will be an additional charge for the amount of medication used during their stay.*

Health: To protect the health of your pet and the hospital's other patients, all pets boarding at **Wolfchase Animal Hospital** must be current on all vaccines including:

Canines: Rabies, DHLPPV, Bordetella, and Canine Influenza

Felines: Rabies, FVRCP/Leukemia (unless discussed otherwise for medical reasons)

NOTE: *If pets are not current on their vaccines, they will be administered upon admitting the pet for boarding at the owner's expense.*

Illness: If your pet becomes ill or requires medical attention while boarding with us, they will be examined and treated by the veterinarian at the owner's expense.

****I understand and agree that any incurred boarding or medical expenses will be the responsibility of the owner or agent and must be paid for at the time the pet is picked up.****

Authorized Owner/Agent: _____ Date: _____