# Pet Information Boarding Form

Owner Name	
First:	Last:
Pet Name:	Account Number:
	Drop Off & Pick Up Dates
	/ / - / /
I	f WEEKEND drop off or pick up circle which time
	8:15 am <u>OR</u> 5:15pm
	Emergency Contact
Name:	Phone:
	Can anyone else pick-up pet? Circle Yes or No
	Name:
	Number:
What items were brought with	boarder?
Food Instructions & Time	
	PM Circle: Hospital Diet or Brought Own Food
Cup(s) Circle: <u>AM</u> and/or <u>I</u>	
Cup(s) Circle: <u>AM</u> and/or <u>I</u> Medication(s)	PM Circle: Hospital Diet or Brought Own Food
Medication(s) Name:	PM       Circle: Hospital Diet or Brought Own Food          Additional Feeding Instructions:
Cup(s) Circle: <u>AM</u> and/or <u>I</u> Medication(s) Name: How much:	PM       Circle: Hospital Diet or Brought Own Food          Additional Feeding Instructions:
Cup(s) Circle: <u>AM</u> and/or <u>I</u> Medication(s) Name: How much:	PM       Circle: Hospital Diet or Brought Own Food          Additional Feeding Instructions:
Cup(s) Circle: <u>AM</u> and/or <u>I</u> Medication(s) Name: How much: How often:	PM       Circle: Hospital Diet or Brought Own Food          Additional Feeding Instructions:
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## Professional services offered for boarders at an additional fee

Circle to add to your pets stay

Bath Nail Trim Nail Dremel Ear Cleaning Anal Gland Expression Treats Off Leash Playtime

Questions regarding pricing? Ask our receptionist when you turn in this form

Made by:\_\_\_\_\_

Staff Initials:

## **Policies**

#### \*PLEASE REVIEW EACH POLICY BELOW AND INITIAL\*

#### Medical Illness Policy

\*\*We will ALWAYS try to contact you if any medical attention is needed for your pet\*\*

If my pet should require unforeseen medical treatment, and the staff of All Creatures Animal Hospital cannot reach me, I approve (**Please INITIAL only one option**):

\_\_\_\_\_ Perform any (including emergency) services/treatments the veterinarian deems necessary.

\_\_\_\_\_ I authorize care and/or treatment up to: \$\_\_\_\_

\_\_\_\_\_ Please do NOT provide any treatment without my approval.

#### Weekend Drop-Off / Pick-Up Policy

\_\_\_\_\_ I understand that if I arrive early/late there is no guarantee a staff member will be available to release my pet(s) prior to the indicated time(s) available. (Times available on front page)

#### **Boarders Items Policy**

\_\_\_\_\_ When picking up a boarder you will be asked to sign off that you received all of your pet's belongings. If an item is left at our facility, we will try to contact you. If there is no communication between a client and someone of All Creatures Staff within **THREE** days after the discharge of boarders, your item will be properly discarded.

### Kennel Sharing Policy

\_\_\_\_\_ At All Creatures Animal Hospital your pet's safety and comfort are top priority. In order to ensure this, it may be deemed necessary by a veterinarian or staff member that multiple pets need to have separate accommodation. Your initial acknowledges you understand that All Creatures Animal Hospital reserves the right to charge for these accommodations during your pets stay.

#### House Cleaning Policy

\_\_\_\_\_ At All Creatures Animal Hospital your pet's comfort is our top priority. In order to ensure this, some pets need additional house cleaning than our standard boarding accommodations cover. Your initial acknowledges you understand that All Creatures Animal Hospital reserves the right to charge for additional house cleaning during your pets stay.

Signature of Owner or Authorized Agent

Notes: \_\_\_\_\_

Email (For Hospital Use Only)

Staff Member Initials: \_\_\_\_\_