

Boarding Reservation

Pet's Name: _____ **Last Name:** _____

Arrival Date: _____ **Departure Date:** _____

Emergency phone and/or contact: _____

Food: Are you bringing your own food? If not, your pet will be fed Science Diet Sensitive Stomach. (There will be no additional charge or discount for bringing your own food.)

Kennel Food Own Food: _____

Feeding Frequency: Once Daily: AM PM Amount each feeding: _____

Twice Daily Special Instructions: _____

Three Daily _____

Has your pet had any of the following symptoms in the last 24 hours?

Diarrhea Vomiting Sneezing Coughing

Medications:

Please list any/all medications below, their dosages, and instructions:

Medication Name	Dosage	Frequency	Last dose given	Next dose needed

Administration (medication) fee: \$3

Insulin administration fee: \$6

Belongings: _____

Vaccinations are current: Yes No **If no, update:** _____

Is your dog over or under 40lbs?: Over Under **Is your pet a cat?**

Bath: Yes No

Groom: Yes No

Does your pet have any medical concerns that need a Doctor's attention?

No Yes, (please explain):

Special Instructions/Comments: _____

ALL PETS ADMITTED MUST BE CURRENT ON VACCINATIONS for FVRCP and RABIES (for felines) or DHPP, RABIES, and BORDETELLA (for canines). A negative intestinal parasite screen (fecal) performed within one year is also required for boarding. If your pet is past due on vaccinations or a fecal, your pet will be examined and given the necessary vaccinations, and current charges will apply. If your pet has been vaccinated at a different facility and we are unable to obtain your records, we will board your pet for 24 hours, pending written proof of current vaccines. If we are unable to obtain your pet's records within the allotted time, we will examine your pet and administer all vaccines required for boarding at your expense. If your pet is diagnosed with intestinal parasites, a dewormer will be administered at your expense.

Please be advised that upon arrival all pets will be checked for fleas. If fleas are found, a Capstar will be given at owner's expense. This ensures other pets at Four Paws Animal Hospital will not get fleas.

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Four Paws Animal Hospital to care for and treat said pet. If an emergency situation arises, I authorize services including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my pet. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my pet while it is residing in the boarding kennel, I consent and authorize Four Paws Animal Hospital to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pets' health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment that has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Four Paws Animal Hospital's care, and agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, and that this may mean that my pet may need to have another procedure at a future date at my expense.

I HAVE READ AND AGREE TO ALL OF THE ABOVE TERMS:

Date: _____

Signature: _____

Printed Name: _____