

Boarding Admission Form

FOR OFFICE USE ONLY: Checked-In (Computer) □ Invoiced □

<first-name> <last-name> <animal> Nail Trim (\$11.00): Yes No (Bath prices vary depending on the size of your pet and their Emergency Contact #: Name(s)</animal></last-name></first-name>	Bath: Yes No Date: ir number of nights boarding)	Pick Up Date/Time: Grooming :(s)
Vaccines Due		
Canine	Lepto Influenza Boro	detella 🗌 Fecal
Feline Up to Date Due: Rabies FVRCP]FeLV	
Existing Illness: Diabetes Heart Condition Kidney/Liver Disease Food Allergy IV		_ _
Medication: No Yes SEE CAGE CARD (There will be a \$3.00 per day charge for pets requiring Food: Kennel Own Instructions:		
Treats: Kennel Own Instructions:		
Boarding Items: No Yes Description(s):		
Day Boarding: No Yes Date(s):Additional services to be performed: TLC (\$6.00): Yes	(\$14.00)	00)· Vas 🔲 Na
**Personal pet items may be left at your own risk.		, —
	as toys, blankets & food contain	
For the protection of all our boarding guests, your pet must be curred dogs and FVRCP, Rabies, Bordatella and Fecal for cats. A licensed vanimal Hospital will perform an exam and administer the required parasites. Any animals found to have fleas, mites, or ticks will be tree	reterinarian must have given these vaccin vaccines and the appropriate fees will be	ations. Without proof of current vaccinations, Hidden Valley

	Boarding Rates*		Pick-Up Tim	<u>es</u>
Dogs:				
Cages	s: 1-19 lbs	\$20.00	$\mathbf{Mon} - \mathbf{Fri}$	7:00 am – 6:00 pm
	20-49 lbs	\$21.00	Saturday	8:00 am – 12:00pm
	50-74 lbs	\$22.00		
	75 & Up	\$23.00		
Runs	s: 3x6	\$26.00		
	4x6	\$27.00		
	5x8	\$29.00		
	Rabies Hold	\$50.00		
Cats:	Cage	\$17.00		
	Condo	\$23.00		
	Condo(2 cats)	\$36.00		

Boarding fees are calculated per night.

^{*}Any dog weighing 40 lbs. and up MUST stay in a run*

^{*}When boarding 2 dogs in the same run-the larger dog is charged for the run and the smaller dog by weight*

Boarding Risks: I understand that veterinary care during night time hours/and or weekend is provided at the discretion of the attending veterinarian. I understand that the continuous, around the clock, on-site presence of HVAH staff is not assured and that my pet may be unsupervised. I understand that certain animal health conditions are unpredictable or unavoidable in boarding environments, including, but not limited to the following: over-exertion, fatigue, reduced sleep, anxiety, stress and stress related illnesses, weight loss, hoarseness of voice, kennel cough, upper respiratory infection, bronchitis, diarrhea, rough hair coat, hair loss, tail injury, cuts and lacerations, tooth injury, flea and tick infestation, and escape. Therefore, I request that HVAH take all reasonable steps to prevent the development of such problems in my pet while he or she is boarding. However, recognizing that is not possible to avoid all risk, I agree that I will not hold HVAH responsible for any such problems or illness which may arise from my pet's stay at the hospital. Emergency/Illness: Should the pets identified on this record become ill or experience an accident, injury, or emergency, I request that Hidden Valley Animal Hospital provide all medication and surgical treatment it deems necessary and I agree to pay for any such emergency treatment.
Boarding Risks: I understand that veterinary care during night time hours/and or weekend is provided at the discretion of the attending veterinarian. I understand that the continuous, around the clock, on-site presence of HVAH staff is not assured and that my pet may be unsupervised. I understand that certain animal health conditions are unpredictable or unavoidable in boarding environments, including, but not limited to the following: over-exertion, fatigue, reduced sleep, anxiety, stress and stress related illnesses, weight loss, hoarseness of voice, kennel cough, upper respiratory infection, bronchitis, diarrhea, rough hair coat, hair loss, tail injury, cuts and lacerations, tooth injury, flea and tick infestation, and escape. Therefore, I request that HVAH take all reasonable steps to prevent the development of such problems in my pet while he or she is boarding. However, recognizing that is not possible to avoid all risk, I agree that I will not hold HVAH responsible for any such problems or illness which may arise from my pet's stay at the hospital. Emergency/Illness: Should the pets identified on this record become ill or experience an accident, injury, or emergency, I request that Hidden Valley Animal Hospital provide all medication and surgical treatment it deems necessary and I agree to pay for any
attending veterinarian. I understand that the continuous, around the clock, on-site presence of HVAH staff is not assured and that my pet may be unsupervised. I understand that certain animal health conditions are unpredictable or unavoidable in boarding environments, including, but not limited to the following: over-exertion, fatigue, reduced sleep, anxiety, stress and stress related illnesses, weight loss, hoarseness of voice, kennel cough, upper respiratory infection, bronchitis, diarrhea, rough hair coat, hair loss, tail injury, cuts and lacerations, tooth injury, flea and tick infestation, and escape. Therefore, I request that HVAH take all reasonable steps to prevent the development of such problems in my pet while he or she is boarding. However, recognizing that is not possible to avoid all risk, I agree that I will not hold HVAH responsible for any such problems or illness which may arise from my pet's stay at the hospital. Emergency/Illness: Should the pets identified on this record become ill or experience an accident, injury, or emergency, I request that Hidden Valley Animal Hospital provide all medication and surgical treatment it deems necessary and I agree to pay for any
that Hidden Valley Animal Hospital provide all medication and surgical treatment it deems necessary and I agree to pay for any
I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expense associated with the treatment of y pets until I am available to discuss further care and fees with the attending veterinarian.
PAYMENT IS DUE AT CHECKOUT. IF SOMEONE OTHER THAN YOU WILL BE PICKING UP YOUR PET, THEN WE ASK THAT YOU LEAVE A CARD ON FILE TO ENSURE TIMELY PAYMENT IS MADE. IF YOU ARE UNABLE TO PAY AT THE TIME OF CHECKOUT, A SERVICE CHARGE OF \$25 WILL BE ADDED TO YOUR INVOICE. I UNDERSTAND AND AGREE THAT IF I FAIL TO PICK UP ME PET WITHIN 12 DAYS OF NOTIFICATION TO THE ABOVE ADDRESS, THEN HVAH MAY CONSIDER MY PET TO BE ABANDONED AND HANDLE ITS FINAL DISPOSTION IN WHATEVER MANNER THE VETERINARIANS THERE DEEM APPROPROATE, CONSISTENT WITH THE LAW. I UNDERSTAND THAT ABANDONING A PET DOES NOT RELIEVE ME OF MY FINANCIAL OBLIGATIONS.
Owner's/Agent's Signature Date

Being away from home can change the dynamics of our pet's interactions with one another. Pets that normally get along may