CHART #:

2315 Lynn Road, Suite 104 ~ Raleigh, NC 27612 ~ 919-847-9396

BOARDING FORM AND AGREEMENT

Today's Date:________________________________ Date of Pick Up:______________________________

Pet's Name:_________________________________ Owner's Name:______________________________

Feeding Instructions (Circle one): Own Hospital Provided Last Time Fed (Circle One): AM PM

How much do you feed per meal? ______________________ How Many times per day (Circle One): One Two Three

Special Instructions: ____

____

	Yes	No
Is your pet on medications? (If yes, please fill out medications page)	☐	☐
Does your pet have allergies? (If yes, please list in special instructions)	☐	☐
Does your pet have a history of shredding/eating bedding?	☐	☐

Vaccination Policy: To ensure the protection of all the pets under our care, the following vaccines <u>must be up to date</u> prior to/during time of stay.**

DOGS: Rabies; DHPP (Distemper/Parvo); Bordetella; Intestinal parasite test

CATS: Rabies; FVRCP (Distemper); Intestinal parasite test

**If fleas/ticks are observed on your pet during boarding, treatment will be provided at your expense

We agree to use all reasonable precautions against injury, escape and death of your pet(s). The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. If your pet is not picked up within 10 days of the date listed on this form, your pet becomes hospital property.

We cannot be held responsible for any personal belongings being misplaced, destroyed or lost. We do supply all pets with comfortable bedding, food and treats.

One of the advantages of boarding your pet(s) in an animal hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed below regarding your pet's symptoms, treatment options. If no one can be reached; however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

- ☐ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.
- ☐ I do have monetary limitations (not including boarding charges). I authorize up to $___________ in medical care until someone can be reached.

I have read and understand this agreement. I fully intend to pick up my pet on the specified date. If circumstances change, I will notify the hospital of the changes.

Emergency Contact Name: ____________________________ Phone #: _________________

Emergency Contact Email Address: ____

Emergency Contact Name: ____________________________ Phone #: _________________

____________________________ _________________

(Signature of responsible party) (Date)

MEDICATION INFORMATION FORM

There will be an administration fee each time medications are given to your pet.

Pet's Name: _________________________ Last Name:_____________________Chart#:__________

Medication Name #1 ____Strength: ____________

How Administered:	How Often Administered:	Administer:	Last time administered:
☐By Mouth ☐SQ ☐Topical ☐In ear/eye	☐1x per Day ☐2x per Day ☐3x per Day	___________(QTY) ☐With a meal ☐On an empty stomach ☐Other: ____________________	☐AM ☐PM ☐Time: _____________

Medication Name #2 ____Strength: ____________

How Administered:	How Often Administered:	Administer:	Last time administered:
☐By Mouth ☐SQ ☐Topical ☐In ear/eye	☐1x per Day ☐2x per Day ☐3x per Day	___________(QTY) ☐With a meal ☐On an empty stomach ☐Other: ____________________	☐AM ☐PM ☐Time: _____________

Medication Name #3 ____Strength: ____________

How Administered:	How Often Administered:	Administer:	Last time administered:
☐By Mouth ☐SQ ☐Topical ☐In ear/eye	☐1x per Day ☐2x per Day ☐3x per Day	___________(QTY) ☐With a meal ☐On an empty stomach ☐Other: ____________________	☐AM ☐PM ☐Time: _____________

Medication Name #4 ____Strength: ____________

How Administered:	How Often Administered:	Administer:	Last time administered:
☐By Mouth ☐SQ ☐Topical ☐In ear/eye	☐1x per Day ☐2x per Day ☐3x per Day	___________(QTY) ☐With a meal ☐On an empty stomach ☐Other: ____________________	☐AM ☐PM ☐Time: _____________

Staff Review: ________