

Pima North Animal Hospital

8864 E. Pinnacle Peak Rd, K-1

Scottsdale, AZ 85255

(480) 563-5432

Boarding Hours M-F 9:00-5:00 Saturday 8:00-12:30pm** Daycare 7:00am -5:30pm

Boarding Check-In Record Client #:

Check In Date: _____ Time: _____ Check Out Date: _____ Time: _____

**Weekend Saturday pick up until 1pm and by request 4-4:30 or Sunday 9:30-10 or 4-4:430
Weekend boarding pickup line 480-372-0797

Date: _____

Owner Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact(s): _____

Pet Name: _____ Species: _____ Breed: _____

Age: _____ Sex: _____ Color: _____ Weight: _____

Vaccination Requirements for Boarding:

Dog: Current Rabies, Distemper-Parvo, Bordetella, Veterinary Approved Flea & Tick Preventive

Cat: Rabies, FVRCP

Frontline provided Y or N Fed by owner today? Y or N

Walk outside of fenced area? Y or N (*Rattlesnakes are present*)

Please initial any requested extra services:

Personal Playtime \$23.75 _____ Extra Walk \$14.50 _____ Nail Trim \$22 _____

Brush Teeth \$10.25 _____ Frosty Paws \$10.25 _____ Bath (\$24,\$35,\$46,\$65) _____

Full Grooming _____ (bath, blow, brush, nails, cut) **Professional Grooming Monday-Friday *Schedule with Reception*

Diabetic Care \$38

Medication Daily \$0 _____

Instructions: _____

Pre-existing conditions? Y or N _____ Other? _____

Feeding Instructions _____

I understand that a topical flea/tick product will be applied for a fee of **\$29.25** per pet unless a similar veterinary approved product has been supplied by me. I authorize the veterinarians of Pima North Animal Hospital to treat any minor physical ailments and/or emergencies and assume full responsibility for any treatment expenses. I understand that personnel are not on the premises for 24 hour observation. Pima North Animal Hospital will not be held liable for illness or injury that develop while my pet is boarding or for any damaged/lost items, provided all reasonable precautions have been taken. ****Some pets may develop diarrhea or cough due to the stress of boarding.****

Signature of Owner/Agent

Date

Witness

Date