

Dog's name: _____
Board until date: _____

THE ANIMAL HOSPITAL OF CARRBORO BOARDING KENNEL ADMISSION

Phone Where You Can Be Reached (____) _____

1. Please list any illness or injury in the last 30 days _____
2. Please list any allergies this pet has _____
3. Please list medications this pet is on _____
4. Please list the type of food your pet eats _____
5. Please list current Flea and Heartworm Preventative _____
6. Please describe any special boarding instructions _____

MEDICAL TREATMENT

1. During boarding your pet will not be seen by a veterinarian unless you request it or an assistant notices a problem and brings it to the attention of one of our veterinarians.
2. YOU WANT YOUR PET TO RECEIVE ANY MEDICAL SERVICES DURING BOARDING (Annual Exams, Vaccines, Anal Gland Expression, Routine Lab Work), **YOU MUST FILL OUT A MEDICAL TREATMENT FORM AT THE MAIN HOSPITAL.**

MEDICAL EMERGENCIES

1. Sometimes it is not possible to leave a problem untreated until your return. Examples of these problems are urinary difficulty, diarrhea, vomiting, not eating, not defecating, and coughing. Any emergency condition will be treated as a conservatively as possible and we will make every attempt to contact you before providing treatment.
2. **Please INITIAL the medical treatment option you prefer:**

_____ I give The Animal Hospital permission to provide my pet with necessary treatment.

_____ I DO NOT give permission for treatment. If my pet becomes ill or requires medical attention, please take the following action

(Please be aware that medical action must be taken in life-threatening circumstances, regardless of signing this last option.)

RESUSCITATION

1. If my pet experiences a cardiac arrest during boarding or hospitalization,

I authorize resuscitation _____ **OR** I do not authorize resuscitation (DNR) _____.

FEES

1. **BOARDING IS CHARGED BY THE DAY INCLUDING THE DAY OF CHECK-IN AND THE DAY OF CHECK-OUT REGARDLESS OF TIME.** Each pet is fed and watered twice a day, and walked three times a day. Cages are cleaned everyday – even on check-out days.
2. We require weekly payments for long-time boarders.
3. If your pet needs special care (medications) there will be a Special Care Fee

_____ **Please initial** that you understand all boarding fees and policies

GROOMING

1. If you want your pet groomed during its boarding stay, please make your appointment in advance with our groomer, Beth Johnston, at Beauty Meets the Beast Grooming Salon. Phone 967-7593
2. **(If we see any evidence of fleas after check-in, we will use Frontline or Capstar at a charge to you of \$15.00.)**

BEDS AND TOYS

1. We cannot accept bedding that will not fit into our washing machine.
2. Items left with pet must be labeled with owner's name.
3. **Pets' belongings are permitted with the understanding they may be misplaced.**
4. Please list all items accompanying your pet **ON BACK OF PAGE**

VACCINES

1. All boarding dogs must be current on DISTEMPER, RABIES, BORDETELLA, and have had FECAL AND HEARTWORM CHECKS done within the last year. **Vaccines must be given at least 72 hours before admission.**
2. If another veterinarian has vaccinated your pet, we need a hard copy of the vaccination record at least Three Days prior to admission.
3. If vaccines become due during boarding, a physical examination must be done prior to administration of any vaccine.

BATHING AND NAIL TRIMS

Client Initials

_____ Bath (\$20.00)
_____ Large dog >80lbs (\$22.00)
_____ Nail Trim (\$18.00)

I hereby certify that I have read and fully understand this authorization for boarding my pet at the Animal Hospital Boarding Kennel. I also assume responsibility for all charges at the completion of this visit. I further understand that in the event of an emergency, my pet will have treatment provided at my cost, that there is no guarantee of successful treatment, and that the attending veterinarian will contact me as soon as possible regarding treatment options.

SIGNATURE: _____ DATE: _____