

The Animal Hospital of Carrboro Boarding
112 W. Main St
Carrboro, NC 27510

Your Pet's Name(s) _____

Pick Up Date: _____	Approximate Time: _____
Phone Number (where you can be reached DURING trip): _____	_____
Emergency Contact Name: _____	Phone: _____

Medical History:

- Please list any illness or injury in the last 30 days: _____
- Please list any allergies your pet has: _____
- Please list your pet's current flea and heartworm preventative: _____
- Date you last gave/applied flea and heartworm preventatives? _____
- Your pet will be checked for external parasites at check-in and during their visit. Pets will be given an appropriate preventative (Frontline Tritak or Capstar) if fleas or ticks are noted to benefit your pet and our other guests.

I brought my pet's own food YES NO	My pet should have the following medication(s) while boarding:
My pet should eat in the: AM PM	MEDICATION NAME AMOUNT TIME
Amount in each meal? _____ cups	_____ AM MID PM
Any special feeding instructions? _____	_____ AM MID PM
_____	_____ AM MID PM
<i>*pets boarding in the same run MUST be able to eat together without staff supervision.</i>	<i>Delivery of medications will cost an additional \$4.00 each day of visit.</i>

Beds Toys and Towels:

- We cannot accept bedding that's too large to fit into our washer/dryer.
- Items left with your pet should be labeled with your name with a Sharpee Marker. You may use ours.
- Your pet's belongings are permitted with the understanding that in the daily cleaning process, they may be lost.
- **Object Authorization:** I understand that leaving objects (toys, towels, bedding, bones etc...) in my pet's kennel is at my own risk and will not hold The Animal Hospital responsible for any occurrence resulting from the usage of the item(s) that I have chosen to leave in my pet's kennel during his visit.

Objects Approved:

Owner's Initials

I didn't bring anything from home, but The Animal Hospital Bedding would be fine for my pet _____

Additional Services

Bath \$20 YES NO \$22 pets >80 pds	Extended Walks ¼ Mile \$10 each walk
Nail Trim \$18 YES NO	DAILY _____ <i>initial your choice</i>
	TWICE DAILY _____
	EVERY OTHER DAY _____ NONE _____

MEDICAL TREATMENT and EMERGENCIES:

A veterinarian will NOT examine your pet during its' boarding stay unless you request it or unless a kennel assistant notices a problem and brings it to the veterinarian's attention. Medical attention can be requested during the visit by filling out a Medical Treatment Form.

My pet will need medical attention, please provide me with a Medical Treatment Request Form: **YES NO**

Emergencies can happen. The kennel assistants will alert the veterinary staff if they notice urinary issues, diarrhea, constipation, vomiting, in-appetance, coughing, excessive head shaking, excessive itchiness, lameness. All emergency conditions will be treated as conservatively as possible and every attempt will be made to contact you prior to treatment.

Please Initial the statement you agree with:

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

_____ I DO NOT GIVE The Animal Hospital permission for treatment. If my pet becomes ill or requires medical treatment during this visit, please take the following action: _____

MEDICAL ATTENTION MUST be taken in LIFE THREATENING CIRCUMSTANCES regardless of your above choice.

Should be pet experience a cardiac arrest during their stay, I authorize resuscitation YES NO _____ initial

FEES

Boarding at The Animal Hospital is charged by the DAY including the day of check-in and the day of check-out. Each pet is fed twice a day and walked three times a day. Kennels are cleaned daily, even on the day of check-out.

- Boarders staying more than 2 weeks require weekly payments.
- A medication fee of \$4 per pet per day of treatment is charged for pet's requiring oral or topical treatments.
- Pet's showing evidence of fleas and ticks require the treatment during their visit. Charges will be applied to based on their need and size.
- All boarding fees including additional services and medical treatments must be paid at the time of pick-up.

_____ *Please initial that you understand boarding fees*

Please give us any additional information about your pet that you think will allow us to make your pet's visit with us a positive and fun experience (examples: likes to be scratched behind the ears, enjoys outside time, hates the heat, prefers to potty in tall grass...)

I am the owner agent of the pet described in this boarding check in form. I have through, understand, and have answered all the questions and statements this document to the best of my ability.

Owner Signature: _____

Date: _____