

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations or current with adequate antibody titers. All boarding pets must have a current **NEGATIVE** fecal within the last year and a yearly Bordetella. **If your pet is not current, our veterinarian will administer all outstanding required vaccinations and exam at owner's expense.**
2. Pets getting a bath on departure day will need to be picked up after **4pm M-F and after 12pm on Sat. and between 4-5pm on Sun.** *Sorry, no exceptions.*
3. Pets must be flea/tick free and internal parasite free.

I am the owner of the pet listed below, or am responsible for it and have the authority to execute this content. I hereby consent to the hospitalization and authorize the staff to administer any medication, tests, anesthetics or surgical procedures that the doctor deems necessary for the health, safety or well-being of my pet in an emergency situation. I agree to identify and hold Providence Animal Hospital/Pet Resort harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

I understand that it is hospital policy that my pet is current on all vaccinations prior to being admitted and is free of external/internal parasites (fleas, ticks, lice, ear mites, worms, etc.) or these will be corrected at admission and charged accordingly.

FEES FOR PROFESSIONAL SERVICES ARE DUE AND PAYABLE AT THE TIME OF DISCHARGE.

- *Prepayment is required to make a Boarding Reservation*
- *\$25 Cancellation Fee up to 48 hours prior to reservation*
- *If you cancel less than 48 hours before your reservation begins there will be NO REFUND*
- *Early pick-up will result in a 50% refund (per day/ per pet) to the original payment method.*

I have read the boarding requirements for my pet(s) and understand the hospital's policies.

Owner/Agent's Name: _____

Signature: _____

Date: _____

Pet(s): _____

Staff Reviewed By: _____

Check In PRSP: _____

Check Out PRSP: _____



BOARDING LOCATION:

BOARDING AGREEMENT FORM

Client Name _____ Pet Name _____

CHECK IN DATE _____ CHECK OUT DATE _____

EMERGENCY Phone Number (Required) _____

Person/Number to contact if you cannot be reached _____

Vaccination & Fecal Test Requirements

To insure the protection of all pets under our care, the following must be current

CANINE Bordetella: current/ needs Rabies: current/needs DHPP: current/needs Fecal: current/ needs

FELINE Bordetella: current/ needs Rabies: current/needs FVRCP: current/ needs Fel/Leuk: current/needs Fecal: current/ needs

Feeding Instructions:

Initials _____

Has your pet been fed today: Yes or No
 List food: _____ DRY and/or WE T
 Cup(s): _____ Please circle one ONCE per DAY (am/pm) or TWICE per DAY
 Can(s): _____ Please circle one ONCE per DAY (am/pm) or TWICE per DAY
 Special Feeding Instructions: _____

Fed AM							
Fed PM							

Medication(s):

Are there any **medicines** necessary while boarding? Yes or No **Initials** _____

If yes, Please complete a Separate Medication Form

Please note we can only accept medications in the original labeled container

Medication or Food Allergies? Yes or No If yes, please list here: _____

I would like the below services:

Initials _____

- 1. Bath *priced by weight* Yes or No (0-25 lb \$25) (26-50 lb \$30) (51-100 lb \$40) (100 lb plus \$75)
- 2. Nail Trim (\$16) Yes or No
- 3. Ear Cleaning (\$30) Yes or No
- 4. Express anal sacs (\$20) Yes or No
- 5. Microchip (\$55) Yes or No

I have left the item(s) listed below for my pet. I understand that Providence Animal Hospital will launder and sanitized these items in a commercial washer with commercial detergent if they become soiled. I understand that these items may be damaged or destroyed in the process.

1. _____ 2. _____