

Boarding Admission Form

Owner Information

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Email

example@example.com

Emergency Contact Information

Please provide an emergency contact that will be available in the area while your pet is boarding with us. This person must be authorized by you to make decisions regarding your pet in the event that we cannot reach you.

Patient Information

Name

Breed

Age

Sex

Current Veterinary Hospital

Diet

How many times a day does your pet eat?

Amount fed at each meal?

Is your pet allowed extra treats?

Yes

No

Does you pet have any known food allergies?

Does your pet have any health concerns or require medications?

Yes

No

If yes, please list the conditions and/or medications (dose, time required,etc)

Is your pet up to date on all vaccines, including Bordetella? Vaccination certificates requires at drop off

Yes

No

Is your pet on flea prevention?

Yes

No

If fleas are found on your pet during their stay, we will administer Revolution. The fee associated with the required dose will be added to your invoice.

I agree

Boarding Drop off (Date, Time - 8:30am, 2:30pm, 8:30pm)

Boarding Pick up (Date, Time - 8:30am, 2:30pm, 8:30pm)

Boarding fees are based on a 24 hour period (\$42 + tax; Stat holidays \$47 + tax), with a half-day charge (\$28.50 + tax) being added to the invoice should you pick up your pet on the pick up date above but more then an hour after the pick up time. *

I Agree

My dog is friendly towards other dogs and may engage in free play with other friendly, fully vaccinated dogs during the boarding stay

I agree

I wish for my dog to have the following additional services during boarding (check all that apply) :

Bath and nail trim (\$47 + tax)

Puppy Play Time (\$39 + tax per session)

Assisted Swim Session (\$43 + tax per session)

Conditioning/Weight Loss (\$68 + tax per session)

I understand that unforeseen health concerns and/or emergent conditions could be identified during my pet's stay. I understand that reasonable efforts will be made to contact me (or my emergency contact) to explain these concerns. If, however, contact is unsuccessful or the situation is deemed emergent, I authorize the performance of life saving or stabilizing procedures or treatments deemed necessary by the on-call veterinarian. I understand that only those measures necessary to allow safe transport to a veterinary hospital for further assessment and care will be taken.

I understand that my pet will only be released during regular business hours. If I do not pick up my pet within 10 days of the pick up date listed and I do not make further arrangements, Blue Springs Animal Rehabilitation Center may assume that my pet is abandoned. I accept full responsibility for payment of all fees and expenses incurred should I abandon my pet.

I understand that payment in full is required when my pet is dropped off, however, any necessary additions to the invoice will need to be paid in full upon release.

If your pet develops soft stool during their stay, we will administer a probiotic powder in order to prevent further progression to diarrhea. The fee associated with the required doses will be added to your invoice.

I agree

If you would like photos updates during your pet's stay, please include the appropriate phone number below:

Normal wear and tear is expected during a regular boarding stay. If, however, my pets behavior results in unreasonable damage to the boarding facility, I will be responsible to reimburse Blue Springs Animal Rehabilitation Center for any/all incurred expenses associated with repair of these damages.

I agree