

BOARDING INTAKE FOR CANINES

OWNER NAME: _____ **PET NAME:** _____

CONTACT / EMERGENCY # (_____) _____ **or** (_____) _____

PET ARRIVAL DATE: _____, **PET DEPARTURE DATE:** _____ **AM or PM** **Weight:** _____

Is your pet on heartworm prevention? Yes/No **Date last given:** _____

If you are boarding two dogs together can they stay in the same kennel? Yes / No

ACCOMODATIONS:

Includes lodging in our specially designed kennels suited to your pet's comfort and feedings with Science Diet Sensitive Stomach or owner-provided food. Fresh water will be available at all times. Your pet's quarters will be cleaned and sanitized daily. Unsupervised exercise will be provided twice a day in our outdoor fenced in yards. Our fence is a wooden six foot privacy fence for your pet's safety. Weekends and holidays your pet is taken care of twice a day by our staff. Your pet is left unsupervised with no staff member on site after hours, but your dog is our first priority when we arrive in the morning. Additional packages are available for your dog, please note, packages are subject to availability and weather conditions.

Please CIRCLE & INITIAL THE DAYS for your pet's Doggie Delight.	Doggie Delights	Description	Price per day
YES OR NO	Bath before departure	Includes Nail Trim Required with a 6 or more night stay	\$40<50lbs \$50<100lbs \$60 >100lbs
(____) Daily or Su M T W TH F S	VIP	C.E.T Hextra Oral Care Chew 2 additional unsupervised playtimes outdoors	\$6.00
(____) Daily or Su M T W TH F S	TLC	C.E.T Hextra Oral Care Chew 1 additional unsupervised playtime outdoors	\$5.50
(____) Daily or M T W TH F ** NOT AVAILABLE ON SAT/SUN**	Doggie Day Care-Full Day	Semi-Supervised all day play with other dogs.	\$10.50
(____) Daily or M T W TH F S **NOT AVAILABLE ON SUNDAYS**	Doggie Day Care-Half Day	Semi-Supervised half day play with other dogs.	\$8.00
(____) Daily or Su M T W TH F S	CET Dental Chew	C.E.T Hextra Oral Care Chew	\$2.00
(____) Daily or Su M T W TH F S	Fetch Time	20 minutes of outside playtime with a staff member	\$6.00
(____) Daily or Su M T W TH F S	"Frosty Paw"	Afternoon snack of doggie safe ice cream	\$3.50
(____) Daily or Su M T W TH F S	King Kong	Kong filled with peanut butter(once daily)	\$4.00
(____) Daily or Su M T W TH F S	Cuddle Time	20 minutes of cuddles, kisses, belly rubs, and one on one time with a staff member	\$6.50
(____) Daily or Su M T W TH F S	Brushing	10 minutes of brushing	\$4.00
Daily or Su M T W TH F S	Medication	Administered as directed	\$4.25
Daily	Food	Hospital provided food for stay	\$3.00

MEDICATIONS: Any medications to be given to your pet, or prescribed due to illness, will be charged **\$4.25 a day** to administer (excluding heart worm medications and vitamins).

ALL MEDICATIONS MUST BE IN THE PRESRIPTION OR ORIGINAL BOTTLE

Pet Name: _____

Medication: _____ Directions _____ AM / PM

PERSONAL BELONGINGS: Please list all belongings brought in with your pet. Please beware toys may not be placed with pet due to safety concerns and rope toys are forbidden. We take every precaution to prevent loss, damage & destruction to your pet's belongings, however, we cannot guarantee such and replacements will not be offered. Also all items left over fifteen days will not be returned nor replaced. _____ (INITIAL)

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MEALS: We feed Science Diet Sensitive Stomach dry food, if you would like to provide food please prepare it in meal sized bags (one per feeding). If you choose not to provide food please not there is a **\$3 PER DAY** charge.

If you are boarding two dogs together **can they eat together** in the same kennel? YES / NO

Does your dog have any special feeding sensitivities or requirements? If so, please explain: _____

Amount Fed in AM:	Amount Fed in PM:
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PERSONALITY: Please list any pre-existing conditions, hot spots, masses, sensitivities, allergies, injuries, or quirks your pet may have, so that our staff can be informed while they are here. _____

****PLEASE READ & INITIAL THE FOLLOWING** (*REQUIRED*)**

VACCINATIONS: All dogs must be up to date on their vaccines, and it is the owner’s responsibility to make sure that proof of current vaccination, testing and heartworm prevention is on file at the time of admission. **If proof of vaccination is not available upon admission, the vaccines, testing, de-worming and/or heartworm prevention will be brought current upon admission.** The client will be charge accordingly. **Dogs are required to be current through the departure date of boarding on Distemper, Bordetella (within 6 months), Heartworm Test, Rabies, Fecal and/or deworming (within 6 months).** Dogs are checked upon admission for fleas or ticks. If fleas are discovered the dog is required to have a flea bath, administer Capstar, and Nexga7rd is applied at an additional cost to owner. If ticks are discovered a tick bath and Nexgard is administered are required at an additional cost to the owner. _____ (*INITIAL*)

MEDICAL FEES: Our aim is to keep your pet CLEAN, HEALTHY, and HAPPY while he/she is boarding with us. For this reason, if your pet gets sick while boarding with us, we will treat your pet. You will be responsible for all medical cost incurred. Before any major medical treatment, we will make every attempt to reach you by the number provided. If we cannot reach you, we will do what is best for your pet. _____ (*INITIAL*)

INHERENT CONDITIONS: Occasionally pets may develop problems from environmental and dietary changes. Signs may include: vomiting, diarrhea, coughing, sneezing, and self-trauma such as scratching or biting of the skin. We take great care so that these problems won’t occur and if so we treat them promptly. However, please be aware and understand that these conditions can develop during or immediately after boarding, and the hospital is not financially responsible for these inherent conditions if they occur. _____ (*INITIAL*)

CHECK OUT TIMES:

If your dog is **NOT** enrolled in all day doggie day care or receiving a bath on departure day, **pet must be checked out by 11:00am.**

If your dog **IS** enrolled in all day doggie day care or receiving a bath on departure day, **pet must be checked out by 5:00pm.**

Extra charges will occur with late pick up. _____ (*INITIAL*)

ABANDONMENT: Please notify us if there is a change in your pet’s departure date. If we do not hear from you or cannot contact you for a period of 10 days past the departure date, the hospital will consider the pet abandoned and proceed according to the North Carolina pet Abandonment laws. _____ (*INITIAL*)

I have read “Boarding Intake for Canines” and I understand and agree to the terms and conditions set forth within it. I understand it can only be changed in writing and when both parties agree. I understand I am assuming financial responsibility for all charges agreed upon.

Signature of dog owner or authorized agent of owner

Date

FOR OFFICE USE ONLY

Vaccines verified by:

Fecal	UTD	NEED	Completed by	Exam By:	Bath completed by:
Bordetella	UTD	NEED	Completed by	Teeth: Good / Mild / Mod / Severe –Give Est	Nails completed by:
HW46/ HW4	UTD	NEED	Completed by	Fleas: None Seen / Yes- Comfortis & Bath	
DHPPC/ DHLPC	UTD	NEED	Completed by _____	Eyes: Good / Red / Crusty	
RV1 / RV3	UTD	NEED	Completed by	Ears: Good / Dirty / Yeasty- See Dr.	