## Napa River Pet Hospital

# Boarding Check-In & Agreement

501 Lincoln Ave Napa, CA 94558 PH:707-690-9915

FX:707-690-9924

EMAIL: napariverpethospital@gmail.com



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Client:		Patient:	Patient:	
Date of drop off:		Date of pick up:	Date of pick up:	
Bath?: YES/NO *not offered for Sundays or Holidays	Nail Trim?: YES/NO *not offered for Sundays or Holidays	AnalGlandExpression?: YES/NO *not offered for Sundays or Holidays	K9-Full Body Shave?: YES/NO Feline-Lion Shave?: YES/NO *not offered for Sundays or Holidays	
Γ				
around the neighborho <b>Would you like River</b> If you request our staff precautions are taken.	od with our kennel staff a <b>Walks?</b> Yes / No to take your dog on a rive	at an additional rate of \$15 p How often?er walk, he/she is walked on Hospital will not be respons		
Medications:	M	edications:	Medications:	
Name of drug:	Name of	drug:	Name of drug:	
Dosage:	Dosage:		Dosage:	
Last given:	Last give	en:	Last given:	
Next dose due:	Next dos	se due:	Next dose due:	
Food:				
Name of food	Quantity fed	How often	Next feeding due	
Special instructions on	feeding:			
administer a veterinari	an recommended flea pre	ean and free of fleas. If we fin eventative such as Bravecto, added to your bill. MUST BF	Nexgard, Trifexis, Cheristin,	
Name of flea preventative you are using		Date of	Date of last administration	
Belongings: Please list	and describe belongings	brought (leash, blankets, toy	vs)	

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**Exam and Vaccines:** In order to board your pet(s), your pet must be a current patient of our hospital, and vaccines must have been given per clinic standards. If your pet does not receive its vaccines at this facility you <u>must show</u> documentation from another licensed veterinarian that verifies <u>current vaccinations</u>. If your pet's annual exam or any vaccinations are past due, we will update them at our facility for his/her protection, as well as the protection of the other animals. Exam and vaccines administered at this facility will be added to your bill.

initial

<u>Parasites:</u> All pets must be free from external (e.g fleas, ticks) and internal parasites (e.g hookworms, roundworms). At our discretion, if external or internal parasites are found, the cost of treatment will be added to your bill. \_\_\_\_\_initi

<u>Diet:</u> We routinely feed premium maintenance dry food appropriate for the age and species of your pet. Prescription diets or canned maintenance diets are available and will be added to your bill at retail cost unless provided by you.

initial

<u>Medication:</u> We will administer any required medications to your pet(s) at an additional charge per medication administered per day. Only medication(s) prescribed by a licensed veterinarian and appropriately labeled will be given. If medications need to be filled or refilled, the charges will be added to your bill. Pets requiring extensive monitoring or treatment are considered hospitalized and will be charged for hospitalization and not boarding. <u>initial</u>

#### **Boarding Details:**

- → Boarding is charged for each night of your pet's stay, regardless of the time admitted or released
- $\rightarrow$  Pets must be picked up during normal business hours. We are unable to discharge pets after hours or Sunday.
- → There is no staff on the premises overnight.
- → Personal items may be left at your own risk. We are not responsible for loss or damage.

Our Hospital <u>cannot guarantee</u> the health of any animal, but pledges to give appropriate care to all boarded pets. I hold the hospital harmless for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, and diarrhea. Note: Some medical problems may not be evident in a kennel environment.

- ★ I understand that there is no staff on the premises overnight.
- ★ I agree to make a full complete payment to Napa West Pet Hospital at the time of release. Note: A deposit may be required on admission at the discretion of the hospital.
- ★ I understand that if I fail to pick up my pet(s) within 12 days of scheduled pickup, my pet(s) will be considered "abandoned", and will be handled in accordance within state law, and that doing so does not relieve me of my financial obligations.
- **★** I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Authorized Agent	Date
Phone numbers (at least 2) at which owner or agent can be reach	ned