

CAPITALAND ANIMAL HOSPITAL - Boarding Agreement

Date of Admission: _____ Date of Pick Up: _____ Time of Pick Up: _____

Owner's Name: _____ Phone No. While Away: _____

Person(s) to Contact in Case of Emergency: _____

Emergency Phone Number(s): _____ Admitted by: _____

INSTRUCTIONS - for Other Requested Services

Please write the name of your boarding pets in the appropriate **BOX** below. If you want any other services provided while your pets are boarding with us, please put a check mark () or an X in the appropriate **BOX** [].

APPROPRIATE FEES WILL BE CHARGED FOR ALL REQUESTED SERVICES.

OTHER REQUESTED SERVICES FOR:	PET'S NAME - #1	PET'S NAME - #2	PET'S NAME - #3	PET'S NAME - #4
*Examination by Doctor:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Vaccinations:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
HLAE Test:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Express Anal Sacs:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Fecal Exam:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Trim Nails:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Bath:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
*Special Need(s):	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
*Medications Needed:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
*Special Diet Needed:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
*Additional Services:	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]

NOTE - Please explain on the lines below any of the items checked above that have an asterisk () before their description while making certain you indicate the proper pet for each item, (i.e., detailed medication directions, anything you wish the doctor to check for, special needs, etc.). Use the back of this form if additional space is needed.

- HOSPITAL POLICIES -

VACCINATIONS / TESTS: To insure the protection of all pets under our care, the following items must be up to date:

DOGS: 1) DHPP (Distemper) 2) Rabies 3) Bordetella (Kennel Cough) 4) Fecal Exam or deworming

CATS: 1) FVRCP (Distemper) 2) Rabies 3) Fecal Exam or deworming

IMPORTANT: Any pet overdue on any of the above items will be updated by us at the owner's expense.

PARASITES: If a pet has internal (worms) or external (fleas, ticks) parasites it will be treated as necessary at the owner's expense.

SPECIAL DIETS, MEDICATION and NEEDS: An **administration fee** may be charged for all pets with special needs or those requiring special diets and medications. It is the owner's responsibility to bring us such food or medications when leaving your pet.

TOYS, BLANKETS, LEASHES, BEDS, ETC: If you decide to leave such items with your pets it is with the complete understanding that **we will not be held liable for their damage or loss.** (They are difficult to track and keep clean in a kennel setting.)

DISCHARGE HOURS: Our discharge hours are 7:30 AM to 6:30 PM Monday & Wednesday, 8:30 AM to 4:30 PM Tuesday, Thursday and Friday, and 8:00 AM to 1:00 PM on Saturday. To help us assure your pet will be ready for discharge upon your arrival, please advise us as to your expected time of pick up.

CLIENT/PATIENT/DOCTOR RELATIONSHIP: It is our policy to board only those pets where a client/patient/doctor relationship exists because your pet's health and well-being are of the utmost importance to us.

- AGREEMENT -

As owner or authorized agent of the above pet(s) I have read, understand and agree with the above policies and boarding agreement. I hereby give the doctors at Capitaland Animal Hospital all rights to exam and/or treat the above listed pet(s) as they deem necessary for any health problem that may arise while in their care. Furthermore, I understand and agree to accept full financial responsibility for any examination and/or treatment that need be given in the doctor's best judgment.

Date: _____ Owner or Authorized Agent: _____