

(Boarding Admission)

<last-name>, <animal> <breed>, <color> <age> <sex>

Drop Off Date: <date>

Pick Up Date: _____ Before 12:00 p.m. After 12:00 p.m.

If you and your pet have been with us UNDER A YEAR, we will need a credit card on file for boarding charges. Your credit card will be charged daily for each day your pet is with us.

CC # _____ Exp Date _____ Card Code (3-digit) _____

I authorize MBPH to charge my card daily for each day while my pet is boarding.

_____/_____ <date>
Signature Printed Name

Proof of vaccine history is required at time of drop off if records are not on file at MBPH

Vaccination Requirement: "I understand that state law requires Rabies vaccination for all pets. I also understand clinic policy requires the DHPPC and Bordatella vaccines for dogs and FVRCP for cats to be current. If my pet is not current on vaccines I authorize Mast Blvd Pet Hospital to administer vaccines to my pet in order for him/her to board. " **Owner Initial:** _____

Medical Services Requested At Additional Charge:

- | | | |
|---|---|---|
| <input type="checkbox"/> Exam (\$40.00) | <input type="checkbox"/> Pre-Vaccine Exam (\$22.00) | |
| <input type="checkbox"/> DHPPC (\$31.00) | <input type="checkbox"/> Bordatella (\$28.00) | <input type="checkbox"/> Heartworm Test (\$32.00) |
| <input type="checkbox"/> RABIES (\$18.00) | <input type="checkbox"/> Rattlesnake (\$32.00) | <input type="checkbox"/> Fecal Test (\$28.00) |
| <input type="checkbox"/> FVRCP (\$50.00) | <input type="checkbox"/> FELV/FIV Test (\$50.00) | <input type="checkbox"/> Deworming (\$21.00) |

If boarding for 4 or more days, a complimentary bath will be given!

Bath, Nail Trim, Anal Gland Expression Yes No

Is <animal> on a monthly flea preventative? Yes No

If evidence of fleas are present, flea control will be given at time of admission to prevent infestation of our hospital or other pets. Flea control will be added to your boarding charges.

Is <animal> allergic to any drugs or have food allergies? Yes No
If so, What? _____

Has <animal> had an illness/injury in the past 30 days? Yes No
If so, What? _____

Is <animal> on any medication(s)? Yes No
If so, What? _____

(There is an additional charge for daily medication administration)
(Once a day \$3.00 • Twice a day \$5.00 • Insulin Injections \$5.00)

Medication(s) Schedule _____

Pet's Belongings: (PLEASE LIST ALL OF PETS BELONGINGS)

Feeding Instructions: (PLEASE SPECIFY)

Current Diet (NAME OF FOOD): _____

Feeding Schedule: _____

(Example: ½ cup dry in a.m. mixed with ½ can wet, ½ cup dry p.m.)

(If pet is not sent with food or with enough food, there is an additional \$4.00 per day charge for hospital food)

If any treats were brought, please specify how many <animal> is allowed per day and at what times:

Abandonment Notice

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up <animal> within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and/or necessary.

Owner Release

- **I understand you cannot guarantee the health of <animal>. I understand and will not hold the hospital responsible for conditions that are unavoidable in boarding kennels, such as not but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the hospital must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner's expense.**
- **I understand that the hospital is not responsible for loss or damage to personal items left with pet including but not limited to leashes, collars, harnesses, toys, food and bedding.**
- **I understand there is an additional charge for any pet deemed aggressive during the boarding period.**

If any problem is observed or develops, please check ONE box:

- Please treat <animal> as required and you need not to call me.**
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.**
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.**

- "I understand that if my pet is in critical condition and has poor quality of life, the doctors hereby have my permission to humanely euthanize <animal>."

Owner Signature: _____ **<date>**

Driver's License # _____

Name(s) and Phone Number of Responsible Party(s) to be reached in an Emergency

Name: _____ **Phone Number: ()**