

# BOARDING ADMISSIONS SIGN-OFF SHEET

Last name \_\_\_\_\_ First \_\_\_\_\_

Pet's name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

Emergency numbers \_\_\_\_\_

\_\_\_\_\_

Our main goal is to keep your pets happy and healthy while they are our guests.

Knowing their special needs will help us to better care for them. Certain sensitivities & behaviors may cause an animal to have difficulty boarding. For example: anxiety, fear of strangers or other animals, barking or crying tendency, not used to walking or going to the bathroom on a leash, tendency to vomit / have diarrhea, dietary restrictions, picky eater, housebreaking issues, chews bedding, history of bladder infection or respiratory problems / asthma.

**Please consider your pet's behavior and personality and share pertinent information here:**

Some pets need extra time, attention or medication to board well. We rarely refuse to board a pet because of behavior issues, but we request permission to medicate seriously anxious or disruptive dogs with a mild sedative in order to keep them relaxed and happy. Sometimes we will recommend against repeat boarding of a pet that was excessively stressed or disruptive while boarding.

To ease the stress of change we recommend that you bring along his regular food and treats. Otherwise we will feed premium quality Hill's, Purina and IVD/Royal Canin diets appropriate for the pet's age, temperament and health. A favorite toy or bed from home is a comfort, though we have cozy bedding available. We will also administer any medication your pet requires. Let us know how you go about giving it at home, and please bring it in the original container clearly labeled.

\_\_\_\_ I understand and have signed the boarding-related illness disclosure statement.

\_\_\_\_ I was given a copy of the "Canine Cough" brochure

**\*\*\*\*Please choose A, B or C below:\*\*\*\***

\_\_\_\_ **A)** I give Animal Hospital of Richmond permission to proceed as they see fit to treat my pet for minor boarding-related problems. I understand that only what is needed will be done and I give my authorization for you to do this without notifying me first. I understand I will be notified in case of serious illness.

\_\_\_\_ **B)** I give Animal Hospital of Richmond permission to treat minor boarding-related problems up to \$\_\_\_\_\_. Beyond that I wish to be notified by the emergency phone number I have listed. I will be responsible for long distance charges.

\_\_\_\_ **C)** Please notify me by the emergency phone number I have listed before anything other than life-saving treatment is done to my pet. I will be responsible for long distance charges.

I have read and understand the information above. I have here, in writing, disclosed my pet's pertinent habits and special needs and I realize that extra charges may result from any extra care required. I accept full responsibility for any charges incurred due to self-injury, infection, stress-related or other illness. I understand that all charges will generally be included on the boarding invoice and that payment in full is expected when the boarder is released.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(This form will be updated for each client once a year unless otherwise requested.)*