

Boarding and Grooming Consent Form

Date In: _____ Date Out: _____
Owner First Name: _____ Owner Last Name: _____ Patient's Name: _____

All animals boarding at Craig Road Animal Hospital are required to have proof of current vaccinations. **Dogs** must have distemper/parvovirus annually, bordetella every six months, current rabies and intestinal parasite check. **Cats** must have upper respiratory combo and leukemia annually, current rabies and intestinal parasite check. We only accept vaccines given by a licensed veterinarian. All others will be void.

These are minimum vaccination requirements and are necessary for the safety of all the animals staying at Craig Road.

Special Instructions or Medications:

Additional services while boarding (circle items): Grooming Nail Trim Anal Glands Other: _____

WILL YOUR PETS BE SHARING A CAGE: Yes No (Please circle Yes or No)

- Small Cage \$16.00/Night (Each Additional Pet \$13.00/Night)
- Large Cage \$18.00/Night (Each Additional Pet \$15.00/Night)
- Run \$21.00/Night (Each Additional Pet \$16.00/Night)
- Cat Cage \$13.00/Night (Each Additional Cat \$9.00/Night)

Boarding Bath Special

Includes Nail Trim, Bath & Brush
Out

Dogs <50lbs \$25.00

Dogs >50lbs \$30.00

Medical History

Heart Condition: Yes No **Respiratory Condition:** Yes No
Seizures: Yes No **Vaccine Reactions:** Yes No
Diabetes: Yes No **Pregnant:** Yes No
Other: _____

Is your pet experiencing any of the following?

Coughing: Yes No **Sneezing:** Yes No
Vomiting: Yes No **Diarrhea:** Yes No
If yes, how many days and how often: If yes, how many days and how often:

Is your Pet Eating? Yes No **Drinking?** Yes No
If not, how long? _____ If not, how long? _____

All precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop, provided that reasonable care and precautions have been followed. I grant permission for any necessary vaccines that are required by Craig Road Animal Hospital and any emergency treatments needed while my pet is boarding. I understand that I am financially responsible for all charges that are acquired for treatments preformed to my pet. I understand that all payment in full is required at the time of pick-up for all services rendered during my pets stay. If your pet is found to be aggressive and/or dangerous to the staff or other animals, arrangements must be made to pick-up your pet immediately and all financial costs will be the responsibility of the owner. All pets not picked up w/in 10 days after the expected date of pick-up will be considered abandoned. **We are not responsible for any personal items that are lost or destroyed while boarding. We recommend not leaving any items here.**

Emergency Number & Contact: _____

PETS THAT ARE NOT PICKED UP BY 12:00 NOON WILL BE CHARGED AN ADDITIONAL DAY

Owner's Signature: _____ Date: _____