

MapleShade Animal Hospital

Boarding/Daycare

Owner: _____ Patient: _____ Age: _____

Phone No: _____ Phone 2: _____ Weight: _____ lbs

Arrival Date: ___/___/___ Discharge Date: ___/___/___

Kennel Size _____ Price per Day _____ no charge for the day if picked up BEFORE noon

Please provide feeding instructions for your pet:

Name of food: _____

Feeding instructions: _____

Does your pet have any allergies we should be aware of: _____

Please list and describe all belongings left with pet: _____

If your pet is on medication please complete:

(Medication/Supplements \$3.00 administer charge per day)

Name of Medication: _____

Dosage: _____

Last given: _____

Name of Medication: _____

Dosage: _____

Last given: _____

Name of Medication: _____

Dosage: _____

Last given: _____

Name of Medication: _____

Dosage: _____

Last given: _____

Name of Medication: _____

Dosage: _____

Last given: _____

Name of Medication: _____

Dosage: _____

Last given: _____

Diabetic Boarders:

(\$8.00 injection charge pet day)

Insulin Name: _____

Units Given: _____

Syringes used: _____

(syringes must be provided or there will be an additional charge)

Insulin Time: _____ AM _____ PM

Additional services available upon request: Please check off any services you would like us to perform

Bath w nail trim included (15% off for boarders only not daycare) () Nail trim (\$19.00) ()

Regular Price: Sm 40.00, Med 42.00, Lrg 44.00, XL 50.00, XXL 57.00, Feline 31.00

Frontline application (\$5.00 plus frontline cost) Frontline can only be applied 48 hours before or after a bath ()

Other: _____

Current vaccinations: Every patient has the right to be protected from infectious and contagious diseases. Therefore, all patients must have current vaccinations. If vaccines are not on record and proof of vaccination is not provided, your pet will be vaccinated and you will be charged. Dogs take at least 4 days to develop immunity following vaccination with an intranasal Bordatella/Bronchitis vaccine, therefore, if your pet is vaccinated upon admission, we cannot guarantee he/she will be fully protected from this highly contagious infection while here.

Required vaccines for your dog: Distemper/Parvo, Rabies, Bordatella (kennel cough)

Required vaccines for your cat: Distemper, Rabies

Parasites: Every patient has the right to be free of external (fleas, ticks, and mites) and internal (worms) parasites. If your pet is infested, treatment will be prescribed as appropriate and you will be charged.

Personal Items: Every patient has the right to clean comfortable housing. If you choose to leave personal items we will ask you to permanently label them to ensure they stay with your pet throughout the stay. However, as pets will sometimes soil on their bedding and/or destroy their toys during periods of stress, we cannot be held responsible for these items or the condition of these items upon their return, or the loss of these items.

Baths: Many dogs and cats will experience diarrhea associated with stress or separation anxiety. We feed a prescription brand bland diet to all of our patients to help reduce this occurrence; however, prescription medications may also be used, as deemed necessary by the attending veterinarian, to help alleviate your pet's symptoms. Additional baths will be given as appropriate and you will be charged.

I have read the above conditions, understand and agree to them. If I neglect to pick up my pet within 14 days of the date specified, you shall assume that the pet is abandoned and you are hereby authorized to place the pet as deemed necessary. I understand that this does NOT release me from the bill.

I agree to pay for all services in full when my pet is released from the hospital, including those deemed necessary for medical and surgical complications or unforeseen circumstances. I give authorization for any **EMERGENCY** treatment deemed by the attending veterinarian. (I understand every effort will be made to contact me prior to treatment.) I understand that you are to use every reasonable precaution against injury, escape, or destruction of the pet(s) that I place in your care, but you will not be held liable or responsible in any manner for injury, escape or destruction that occurs beyond your control.

Date: ___/___/___ Signature: _____

MapleShade Animal Hospital Staff initial _____