

IVAN'S Linwood Animal Clinic
Boarding Form

Pet: {NAME}

Client:{FULLNAME}

Date in: _____ Date to be picked up _____

Who will pick up pet _____ approximate time _____

Contact number (Required): _____ **Alternate number (Required):** _____

Person Authorized to approve medical treatment if owner can not be contacted:

_____ Phone Number: _____

****NOTICE WE DO NOT BOARD AGGRESSIVE PETS**:** If your pet is determined to be aggressive by management you will be contacted to pick up your pet. If you are unable to pick up your pet or unable to be contacted the Daily Pet Boarding Charges **WILL DOUBLE** until your pet is picked up. Sign and Date here indicating you have read and understand our Aggressive Pet Policy.

Clients signature: _____ Date: _____

Known Health Problems: _____

Medications MUST be in original containers and properly labeled: Additional \$2.50 per dose per day.

#1 Name: _____ Amount: _____ Frequency: _____

#2 Name: _____ Amount: _____ Frequency: _____

(list any other required medication on the back of this form)

- Would you like your pet bathed before pick-up? Yes No
(If so earliest pick-up is 12:00pm, no additional charge)~ (boarders receive a \$5 discount on the standard bathing cost)
- Has your pet had a meal today? Yes No
- Has your pet been given any medications today? Yes No
 - If yes, which ones? _____

What command do you use for your pet: Potty break: _____,

Weight in: _____ Weight out: _____

Any Additional services needed while boarding: _____

Type of flea control currently used: _____ **Last Dosage Date:** _____

If fleas are found during boarding your pet will be treated at your expense **Client Initials** ()

If we see signes of intestinal parasites your pet will be treated at your expense. **Client Initials** ()

Current Fecals are required within the last year. If a fecal is performed and intestinal parasites are found your pet will be treated at your expense. **Client Initials** ()

Your pet must be current on the following vaccines for boarding, (dogs Bordetella, DHPP, Leptospirosis and Rabies)(cats: FVRCP and Rabies), there is an additional charge of an examination and vaccines if your pet requires vaccination. **Client Initials** ()

Feeding schedule: Did you bring your own food? Yes/No Is your pet on a special diet? Yes/No Dry:

Personal Belongings:

Food Brand _____

Amount fed _____

Frequency _____

Canned:

Amount fed _____

Brand _____

Frequency _____

Treats _____

Frequency _____

Collar (color: _____)

Carrier _____

Toys _____

Staff Use Only:

Vaccines history verified

Dogs: Bordetella

DHPP

Rabies

Leptospirosis

Cats: FVRCP

Rabies

AUTHORIZATION FOR MEDICALLY NECESSARY TREATMENT

I hereby authorize IVAN'S Linwood Animal Clinic to perform such diagnostic, therapeutic and surgical procedures as deemed medically necessary while my pet is boarded. A Good Faith attempt to contact the owner or authorized agent will be made prior to any procedures except those to be deemed an emergency and/or life threatening. I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment required, but in such cases IVAN'S Linwood Animal clinic will attempt to estimate the cost of treatment prior to performing the procedure. It is understood that the actual cost may exceed or be lower than the estimate. I understand that **I assume full financial responsibility for all services rendered. Clients Initials** ()

CHECK OUT TIME: Check out time is 11:00 am, if your pet is picked up after 11:00 am you will be charged \$3.50 per hour for each additional hour. I realize that my pet will be discharged only during regular office hours. I understand that all fees due for my pets care will be paid in full at time of pick up. I understand that if I do not return for my pet written notice will be mailed to my address. Five days after written notice my pet will be considered abandoned and become the property of IVAN'S Linwood Animal clinic to do with as they deem best. **Client Initials** ()

I decline to provide any contact numbers or alternate person authorized to approve medical treatment. I understand that by NOT providing contact numbers or alternate individual that I **AUTHORIZE** IVAN'S Linwood Animal Clinic to provide **ANY** such medical treatment that they deem necessary to ensure the humane treatment of my pet this includes euthanasia if there are no alternatives for medical treatment.

Client initials ()

Signed by owner or agent _____ reception initials _____