



# INDIAN TRAIL ANIMAL HOTEL

## Boarding Check-In

Client Name		Pet Name	Record Number (Staff Use)
Contact Phone:		Contact Email:	
Emergency Contact/ Alternative Pick-up Name:		Emergency Contact/ Alternative Pick-up Phone:	
Check-in Date:	Check-out Date:	Pick-up Time:* (by 1PM or ½ day charge will apply)	

Please ensure that your emergency contact is aware that you have given us his/her name, and is willing and able to make decisions regarding the care and well-being of your pet.

### Staff Use Only

Enclosure Size: \_\_\_\_\_ Nightly Rate: \_\_\_\_\_

**\*\* DROP-OFF TIME IS AFTER 3PM or ½ day charge will apply\*\***

**\*\* PICK-UP TIME IS BY 1PM or ½ day charge will apply\*\***

#### Contact Preference:

- Proceed with veterinarian's recommendations on any noted areas of concern (ear treatment and treatment of minor diarrhea are the most common)
- Please call with ANY questions or recommendations before proceeding (flea treatment excepted)
- Call only if absolutely necessary / I prefer to not be disturbed

**Initial:** \_\_\_\_\_ ALL PETS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION BY A DOCTOR OF ITAH and their core vaccines must be up to date (DHPP, Bordetella, Rabies for Dogs; FVRCP, Rabies for Cats). If your pet is past due, he/she will be examined and given the necessary vaccinations upon admission, and current charges will apply.

#### MEDICAL /GROOMING SERVICES:

Dr. exam requested (\$43.35)	Yes/No	Concerns:
Nail trim (\$12.95)	Yes/No	
Ear cleaning (\$14.50)	Yes/No	
Anal sac expression (\$16.50)	Yes/No	
Bath (charged by weight and coat type)	Yes/No	

**\*\*We recommend that pets receiving baths do not go home until after 3pm, these pets will have the additional ½ day fee waived\*\***

#### BASIC COMFORTS (initial those that apply):

\_\_\_\_\_ I have **special dietary instructions** for my pet and brought \_\_\_\_\_ food with the following feeding instructions: \_\_\_\_\_.

(Unless otherwise instructed, your pet will receive Hill's Science Diet. Prescription diet that may be used to tempt a pet to eat or to calm an irritated bowel will be charged at regular rates).

Y / N If my pet is not eating well while away from home, it is ok to **entice** them with flavor additives. Please circle which: Warm Water Low Sodium Chicken Broth Peanut Butter

Y / N ITAH's **Beds/towels** are Ok to leave with my pet for comfort (note that some pets may chew and ingest pieces which may be a danger to their health)

\_\_\_\_\_ I am leaving **personal belongings** with my pet. Please list (and limit items to one blanket and one toy per pet):

**EXTRA COMFORTS AND PLAYTIME (initial those that apply):**

\_\_\_\_\_ I want my pet to receive **INDIVIDUAL PLAY TIME** at an additional cost of (\$9.45) per 15 to 20 min session. How many days? \_\_\_\_\_. Preferred activities: \_\_\_\_\_.

\_\_\_\_\_ I want my pet to receive a **TUCK-IN TREAT** at an additional cost of (\$2.65) per night. How many nights? \_\_\_\_\_.

Dogs: (circle choice)

Cats: (circle choice)

Dental chew or treats

Catnip toy

Kong with peanut butter and treats

Tuna treats (Crunchy)

Kong with wet food and treats

Canned Tuna

**MEDICATIONS AND HEALTH:**

Noted Health Concerns:

Last flea preventative dose and type:

\*\*Pets must be free of external parasites. Pets found to have evidence of parasites will be treated at the owner's expense.

Last heartworm preventative dose and type:

Medications: (Medications must be brought in original containers. **If medications are not provided, you will be charged at the current rates.**) Please list any/all medications below, their dosages, and instructions.

Name

Dosage Amount

Dosage Instructions

Time Last Given

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Fee for Medication Administration: \$4.25 per day

**LEGAL:**

Any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, and becomes the property of Indian Trail Animal Hospital and handled according to our best judgment.

The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Indian Trail Animal Hospital to care for and treat said pet. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my pet. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my pet while it is residing in the boarding kennel, I consent to and authorize Indian Trail Animal Hospital to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Indian Trail Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my cat may need to have another procedure at a future date at my expense.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_