

Client _____

Pet Name _____

Street _____

Species _____

City _____ State _____ Zip _____

Breed _____

Best Number to Reach You _____

Sex _____ Color _____ Date of Birth _____

VACCINES

In order to protect the health of your pet, this facility requires documentation, from a licensed veterinarian, showing that all boarding dogs have current Rabies, DA2PPL, Corona and Bordetella vaccines, and a worm check. Cats need to have current Rabies and FVRCP and Feline Leukemia vaccines and a worm check. If any of your pets' vaccinations are past due, they must be inoculated before boarding. Vaccines that must be administered at this facility will be added to your bill.

PETS WITH SPECIAL NEEDS

In order to protect the health of your pet, this facility requires documentation, from a licensed veterinarian, showing that all boarding dogs have current Rabies, DA2PPL, Corona and Bordetella vaccines, and a worm check. Cats need to have current Rabies and FVRCP and Feline Leukemia vaccines and a worm check. If any of your pets' vaccinations are past due, they must be inoculated before boarding. Vaccines that must be administered at this facility will be added to your bill.

- Each stay includes a maintenance diet specifically designed for use in a boarding situation. If your pet needs a special diet or you prefer to bring your pet's own food the owner must complete and sign a special needs form for each visit.
- Any pet with medication must also complete and sign a special needs form for each visit.
- All medication, with the exception of injections, will be administered by our kennel staff at no additional charge.
- It is the owner's responsibility to provide all medications and special diets needed for the entire visit.
- A log will be kept of when medications were administered, when the special diet was given, and any notable outcomes on said special needs form. This form is available for review upon request at the end of each stay.

OTHER KENNEL POLICIES

- Flea and tick prevention is highly recommended for all pets boarding at our facility. If any external parasites (ex. ticks, fleas, etc.) are found on a pet while boarding, they will be treated at the owner's expense.
- Bedding, bowls, leashes, toys and treats are all provided by our facility. Personal items may be left at your own risk. We are not responsible for lost or damaged items.
- Our staff pledges to provide appropriate care to all boarders. However, some conditions are often unavoidable in boarding environments. These include, but are not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, ticks, and fleas.

PLEASE INITIAL ONE OR THE FOLLOWING:

_____ If my pet identified on this record becomes ill, I request that the veterinary staff of Bloomingdale Animal Hospital provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at the above named veterinary facility may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

OR

_____ If my pet identified on this record becomes ill, I request that all medical treatment be withheld until I or my agent can be reached.

I have read the above and I am in full agreement. This contract is valid up to one year after date of signature.

Signature of Owner or Authorized Agent

Date

WHAT IS PROVIDED

We will happily provide all food bowls, water bowls, bedding, canine Purina EN dry food and Proplan Feline Chicken and Rice dry formula. Should you choose to bring anything additional, Bloomingdale Animal Hospital assumes no responsibility in the event of damage or loss. Please label all belongs with your pets name, and bring food in resealable bags or containers. Under no circumstances will rawhides, bones, or toys be allowed in the cage.

Please list and describe each item accompanying your pet into boarding (including food containers, scoops, and medications):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 13. _____
- 15. _____

Signature of Owner or Authorized Agent

Date

To better accommodate the special needs of your pet, please fill out the following information. We look forward to caring for your loved one while you are away and the staff thanks you for this opportunity to meet your pet's individual needs.

FEEDING INSTRUCTIONS

Name of Diet	Amount (Cups/Tbs/Cans)	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I elect to have my pet fed the dry food provided by Bloomingdale Animal Hospital

MEDICATIONS

Name of Medication	Amount	Frequency	Location	Start Date
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

OTHER INSTRUCTIONS / THINGS TO OBSERVE:

 Signature of Owner or Authorized Agent

 Date

BLOOMINGDALE ANIMAL HOSPITAL USE ONLY	Patient Number _____ Kennel Number _____
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