

# Boarding Consent Form for Springtown Veterinary Hospital

Owner : \_\_\_\_\_ Pet(s) Name: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Articles Left: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

Date of last intestinal parasite test: \_\_\_\_\_

Method of Monthly flea and intestinal parasite prevention: \_\_\_\_\_

- Vaccines not due  Bordetella Vaccination only
- Vaccines due: \_\_\_\_\_ (see additional consent form)  Vaccines due soon: \_\_\_\_\_
- Refill Heartworm Prevention 6 or 12 months of: \_\_\_\_\_

Daily Rates — Boarding Accommodations			
	Cats	Per Day	
			Dogs
		Per Day	
<input type="checkbox"/> Feline Guests		\$15.75	<input type="checkbox"/> Canine Guests: Under 15 Lbs.
			<input type="checkbox"/> Canine Guests: 16 - 30 Lbs.
			<input type="checkbox"/> Canine Guests: 31 - 60 Lbs.
			<input type="checkbox"/> Canine Guests: 61 Lbs and over

**Additional Services**

- Bath.....\$20.00  
\*Given Mon.- Fri. on day of pick-up. Please pick up after 2pm.
- Nail Trim.....\$9.75
- Anal Gland Expression.....\$21.87
- Daily Brushings.....\$2.00/day
- Extra walks (for dogs).....\$5.00/day
- Extra playtime (for cats).....\$2.50/day

Please list any additional services you would like performed: \_\_\_\_\_

Please list all medications, dosing instructions, and when the next dose is to be given:

*\*For your pet's protection, all vaccines and intestinal parasite test MUST be current within the past 12 months. This includes Rabies, Distemper, and Bordetella (for canines). Your pet must be free of internal and external parasites. If not, treatment will be performed at your expense. The hospital is not responsible for any personal belongings left with your pet.*

*\*Administering prescription medications- additional fee of \$3.50 per day*

*\*Special handling of aggressive pets- additional fee of \$3.00 per day*

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff ID# \_\_\_\_\_