

Boarding Form

Pet's Name: _____ Your Name: _____

Best number(s) during travel: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Date of Drop Off: _____ Date of Pick Up: _____ Food (Circle One) HOSPITAL FOOD PET'S FOOD

How much to feed: _____ Frequency: (Circle One) ONCE DAILY TWICE DAILY

Medications: (Please List) **ALL MEDICATIONS NEED TO BE IN ORIGINAL CONTAINER.**

Name of Medication-dosing instructions and quantity	Has it been given today (Yes or No and what time?)

TCAH provides bedding to all pets during their stay free of charge. Label items with permanent marker and describe items brought. There is no guarantee that can be made against loss or damage to items left with your pet during their stay.

Describe belongings - ALL ITEMS MUST HAVE NAME ON IT: _____

____ I acknowledge Trophy Club Animal Hospital is a "flea free" boarding facility. Pets that are not on a vet approved flea control will receive a single Capstar® tablet to kill any live fleas which may be on the pet on the day of arrival and departure for \$5.10 which will be charged to the account. If ticks are found, an additional treatment will be administered at the owner's expense.

____ I acknowledge that charges are per day (not per night) as all the cleaning/feeding/walking/medicating/care occurs during the day. Charges are broken in half day increments. **ARRIVAL: There is a half day charge on the day of drop off if the pet is dropped off after 1pm. There is a full day charge if the pet is dropped off before 1pm. DEPARTURE: There is a half day charge for the day of departure if the pet is picked up before noon, and a full day charge if the pet is picked up after noon.**

____ I acknowledge that proof of vaccinations that meet the standards for sufficient protection in a commingled boarding environment are required. If proof is not provided, a doctor of Trophy Club Animal Hospital will administer necessary vaccines, including required physical exam, at owner's expense.

____ I acknowledge Trophy Club Animal Hospital will attempt to contact me in the event that unexpected medical attention is deemed necessary by the medical staff. If Trophy Club Animal Hospital is not able to reach me, I acknowledge they will proceed with life saving measures until I can be contacted, at owner's expense.

____ Pursuant to Texas Law, Trophy Club Animal Hospital is required to notify you that your dog or cat will be left unattended during the hours our facility is not open. We are open from 7:30am to 5:30 pm Monday through Friday and 8 am to noon on Saturday. We have employees care for animals Saturday evening, Sunday Morning, Sunday mid-day, and Sunday evening. We are also closed on the following holidays: Christmas, Thanksgiving, July 4, Labor Day, Memorial Day, and New Years Day. However, an employee will be here caring for pets in our facility at least 3 times per day on those holidays.

******If you have 2 or more pets boarding with us, please answer the following******

YES NO My pets should share a cage at all times

YES NO My pets need to be separated for feeding time.

YES NO My pets can be allowed outside together in the yard together to potty and for playtime.

End of Stay Bath (Dogs only)

1. A Boarding Bath (shampoo and dry only) can be provided for your pet at **no charge** when boarding for 5 nights or longer.
2. Your pet may not be picked up before 1:00pm when a bath is provided. If your schedule does not allow this please check Decline Bath below. We can perform the bath the day before if communicated.
3. If we cannot handle your pet safely we will not be able to provide a bath.
4. If you would prefer a Groom or Technician bath (includes Anal gland expression, toe nail trim, and ear cleaning) we will be happy to schedule one for you and let you know pricing.

5. You may request a Boarding Bath (\$37) if your pet stays fewer than 5 nights.

____ Would like an Boarding Bath (5 nights free, fewer than 5 nights \$37) (With the exception of doodles and poodles due to extensive brushing requirements)

____ Would like a Groom (ask for pricing)

____ Would like a Tech bath (With the exception of doodles and poodles due to extensive brushing requirements)

____ Decline any bathing

Signature on this document is permission for your pet to be treated should it become ill. We will make every effort to contact you at the phone numbers we have on file or that you have provided regarding your pet's illness and the expense of treatment. If we are unable to reach you, treatment will be pursued at the owners expense.

Signature: _____ Date: _____