



2600 Bobcat Boulevard, Suite 100
Trophy Club, Texas, 76262
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Boarding Form

Pet's Name: _____ Your Name: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Best number(s) for you during travel: _____

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 and in order to maintain this, each boarding pet not current on an approved flea prevention will receive a single dose of Senergy to kill any live fleas which may be on the pet on the day of arrival for \$15, 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.

____ I acknowledge that if no attempt on my behalf is made to contact TCAH to extend out my pets stay, an additional \$12.95 fee will occur DAILY until my pet is picked up or further arrangements have been made for them to stay longer.

____ 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.

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: _____