

Boarding Form

DROP-OFF POLICIES:	PICK-UP POLICIES:
<p>If bringing pet's food, it must be in a waterproof, closed container and must be labeled with pet's and owner's names clearly identified on container. (No dog/cat food bags can be accepted.)</p> <p>Please bring in, or email, pet's parvo and bordetella vaccination within past 12 months history or records. We can accommodate unvaccinated or naïve puppies in our separate boarding cages facility.</p> <p>We can update vaccinations, toe nail trims, examinations, and other services during your pet's stay! Please complete all portions of this Boarding Form to indicate what services we can perform while your pet stays with us!</p> <p>"Same Run" discount applies to pets who do not need separate feeding.</p>	<p>Please bring in pet's leashes to pick up your pet.</p> <p>FOR SUNDAY PICK-UP, please be aware there is only a cleaner available between hours of 4:00 pm to 6:00 pm. MUST TEXT (417) 683-6830 and give your name, and your pet's name, and wait for Cleaner to bring you in for pickup.</p> <p>Doors will be locked until Cleaner messages for you to come inside to pick up.</p> <p>Cleaner only receives texts to clinic number, phone calls do not go through to cleaner and will delay the pickup.</p> <p>Please be ready to pay for boarding at time of pick-up.</p>

Client's Name: _____ **Date:** _____

Pet's Name: _____ **Breed:** _____ **M** **F**

Pick Up Availability M-F 7:30a.m.-5:30p.m. , Sat: 8:00a.m.-5:00p.m. and Sun: 4:00p.m.-6.00p.m.(Please text 30 min prior to pick up for Sunday). ***DO NOT CALL OFFICE NUMBER, no one will be available to answer. MUST send text message to phone number.***

Boarding Reservation: _____ through _____.

We try to make sure your pet goes home with what he/she came with, however we cannot be responsible for lost items or items left here while boarding.

Part 1 - Feeding Needs:

I brought my pet's own food (PET'S FOOD MUST BE BAGGED UP / CLOSED CONTAINER, LABELED WITH PET & OWNER NAME)

My pet will eat kennel food during his / her stay

Part 2 – Additional Services:

My pet needs a nail trim

My pet needs anal glands expressed

My pet needs an extra service performed: (Please detail): _____

My pet needs an examination: *Examination fee will be applied. Please specify complete last section for Examination relevant information

Please update my Pet's vaccinations:

DOGS	<input type="checkbox"/> Rabies 1 yr. <input type="checkbox"/> Rabies 3 yr.	<input type="checkbox"/> 7-way	<input type="checkbox"/> Bordetella
CATS	<input type="checkbox"/> Rabies 1 yr. <input type="checkbox"/> Rabies 3 yr.	<input type="checkbox"/> Felo-Vax	

Part 2 - MEDICATIONS: (Medical Boarding Charge Applies)

My pet is on medication: (Please specify medications, doses, and instructions

Medication Name	Amount	Frequency of Dose

Part 3 - ACKNOWLEDGEMENTS: (Please Initial)

_____ I understand that Animal Clinic of Ava's boarding facility is **NOT a 24 hour care facility.**

_____ I understand my pet will be treated for fleas, at my expense, if present during boarding.

_____ I understand that my pet will be walked first thing in the morning, and again at the end of the business day, and the kennel will be disinfected and cleaned.

Part 4 - EXTENDED STAY: (please check one)

- Complimentary Bath with a 7 day (5 night) stay
- Decline

Part 5 - IN CASE OF EMERGENCY: (please check one)

- Please do not medically treat my pet until specific authorization is given.
- Please treat my pet if he/she becomes ill up to (\$)_____ before calling me.

PLEASE LIST two emergency numbers in case of your pet's emergency: _____ / _____.

Part 6 -EXAMINATION SERVICES (please check one)

- I do not request a Veterinarian examination on this pet.
- I request a Veterinarian to examine this pet. If yes, please indicate the following:

Problem / Reason for Veterinarian Examination:

Has your pet been spayed or neutered? ___Yes ___ No
 Is your pet's appetite: ___Normal ___Increased ___Decreased
 What does your pet normally eat? (include type of food, table scraps)

Is your pet's water consumption: ___Normal ___Increased ___Decreased
 Urination habits normal? ___Yes ___No If No, please explain:

Is your pet vomiting (throwing up)? ___Yes ___No
 If yes,

When did you first notice the vomiting? _____

Does the vomit consist of: (Please check all that apply) ___ blood ___food ___phlegm ___bile

How frequent is the vomiting? ___times per day ___ times per week

Is your pet having any diarrhea? ___Yes ___No

If yes, when did you first notice the diarrhea? _____

Does the stool have: ___No blood ___Bright Red Blood ___Dark red blood/black stools

Is your pet sneezing? ___Yes ___No

Is your pet Coughing? ___Yes ___No

Has your pet ever fainted? ___Yes ___No

Has your pet ever Seizured? ___Yes ___No

Where does your pet spend most of his/her time?

___Mainly Indoors ___Indoors Only ___Mainly Outdoors ___Outdoors Only

Do you notice your pet shaking his head, rubbing or scratching at his ears? ___Yes ___No

Have you noticed any lumps or bumps? ___Yes ___No If yes, where?

List all prescriptions, over the counter medications, vitamins or supplements your pet is currently taking:

Anything else that may be helpful for Veterinarian to know?

I request that the Animal Clinic of Ava may proceed with any procedure you deem necessary to treat any condition you identify during the exam, but do not exceed \$_____ without contacting me first.

Part 6 – FINANCIAL OBLIGATION: Please read the following and sign / date.

I am the owner (or authorized agent of the owner) of the animal described above, and have the authority to execute this consent. I understand that some risk always exists with anesthesia, even in apparently healthy animals, including the possibility of death. I understand that it may be necessary to provide additional medical or surgical treatment to my pet in the event of unforeseen circumstances. I realize that no guarantee, legal or ethical, can be made to me regarding the outcome of any procedure performed. Subject to my directions above, I hereby authorize the use of anesthetics and other medications, as well as any such additional treatment, as deemed necessary by the veterinarian. I understand that hospital personnel will be employed in treating my pet. I understand if my pet has fleas, it will be treated at my expense (\$3-\$5). I have carefully read, and fully understand, this consent. The fees associated with these services have been explained to me, and I agree to pay such fees in full at the time my pet is released from the hospital.

Signature: _____ **Date:** _____