

Boarding Form

P.O. Box 476
 Ava, MO 65608
 Phone: (417) 683-6830
 Fax: (417) 683-6868
 team@animalclinicofava.com
 www.animalclinicofava.com

DROP-OFF POLICIES:

- 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.)
- 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.
- 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!
- "Same Run" discount applies to pets who do not need separate feeding.

PICK-UP POLICIES:

- Please bring in pet's leashes to pick up your pet.
- 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.
- Doors will be locked until Cleaner messages for you to come inside to pick up.
- Cleaner only receives texts to clinic number, phone calls do not go through to cleaner and will delay the pickup.
- Please be ready to pay for boarding at time of pick-up.

Client's First Name: - Client's Last Name - Pet's Name: -

Breed: - Sex: -

Pick Up Availability:

Monday - Friday 8:00a.m.-5:00p.m.

Saturday: 8:00a.m 3:00p.m.

Sunday: 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 -

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 * Important Feeding Instructions: -

Part 2 - Personal Belongings: 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.

I understand that my pet's personal belongings may be damaged, soiled, or lost during their stay. *

I understand by leaving my pet's personal belongings with them, could result in my pet chewing, or damaging them. *

I will not hold Animal Clinic of Ava responsible for any items damaged, lost, or medical expenses that may be accrued during their stay. *

PLEASE SPECIFY ANY ITEMS LEFT FOR EACH PET:

-

Part 3 - Additional Services:

My pet needs: (Please Check)

Nail trim Anal glands expressed

My pet needs an examination:
Examination charge will be applied
Please specify below.

Please specify below:

My pet needs an extra service performed

-

What extra service would you like your pet to have? Please specify below

Please update my pet's vaccinations:

-

DOGS

Rabies 1 year Rabies 3 year 7-way Bordetella

CATS

Rabies 1 year Rabies 3 year Felo-Vax

Part 4 - MEDICATIONS: (Medical Boarding Charge Applies)

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

Medication Name

Amount

-

Frequency of Dose

-

Part 5 - 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 or ticks, 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 6 - IN CASE OF EMERGENCY: (please check one)

Please Check:

Please do not medically treat my pet until specific authorization is given. Please treat my pet if he/she becomes ill.

If your pet becomes ill, please clarify the expenditure not to exceed (\$).

\$150 \$300 \$500

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

Emergency Phone:

Emergency Phone:

-

-

Part 7 -EXAMINATION SERVICES

Please Check One:

I do not request a Veterinarian examination on my pet.

I request a Veterinarian to examine my pet.

If you do want an examination, please specify below. IF YOU DO NOT WANT AN EXAMINATION ON YOUR PET, PLEASE GO TO PART 8.

Has your pet been spayed or neutered?

Is your pet's appetite:

-

What does your pet normally eat? (include type of food, table scraps)

Is your pet's water consumption:

Urination habits normal?

-

If No, please explain:

Is your pet vomiting (throwing up)?

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?

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?

Is your pet Coughing?

Has your pet ever fainted?

-

Has your pet ever seized?

-

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?

Have you noticed any lumps or bumps?

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.

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Part 8 - 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 (\$5.00-\$8.00). 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:

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