

Boarding Form

Boarding

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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!

Pet's Name:

• "Same Run" discount applies to pets who do not need separate feeding.

Client's Last Name

PICK-UP POLICIES:

Client's First Name:

- · Please bring in pet's leashes to pick up your pet.
- · Sunday pick up is no longer available.

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Breed:	Sex:
Pick Up Availability: Monday - Friday 8:00a.m 5:00p.m. Saturday: 9:00a.m 2:00p.m.	
Boarding Reservation:	through -
Part 1: Feeding Needs	
☐ I brought my pet's own food (PET'S I OWNER NAME) *	FOOD MUST BE BAGGED UP / CLOSED CONTAINER, LABELED WITH PET 8
☐ My pet will eat kennel food during his / her stay *	Important Feeding Instructions:
	y to make sure your pet goes home with what he/she came with, however ems 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 pers	sonal belongings with them, could result in my pet chewing, or damaging them. *

☐ I will not hold Animal Clinic during their stay. *	of Ava res	sponsible for any iter	ns damaged, lost, or	medical expenses that may be accrued	
PLEASE SPECIFY ANY ITEM FOR EACH PET: -	IS LEFT				
Part 3 - Additional Service	s:				
My pet needs: (Please Check) ☐ Nail trim	·				
My pet needs an examination: *Examination charge will be a Please specify below		Please specify belo	w:	My pet needs an extra service performed -	
What extra service would you pet to have? Please specify be		Please update my p	pet's vaccinations:		
DOGS □ Rabies 1 year	Rabies	s 3 year	□7-way	□Bordetella	
CATS ☐ Rabies 1 year	Rabies	s 3 year	□ Felo-Vax		
Part 4 - MEDICATIONS: (M	edical Bo	arding Charge App	lies)		
☐ My pet is on medication: (F specify medications, doses, an instructions *		Medication Name -		Amount -	
Frequency of Dose					
Part 5 - ACKNOWLEDGEN	IENTS: (P	lease Initial)			
☐ I understand that Animal C Ava's boarding facility is NOT hour care facility. *		☐ I Understand my for fleas or ticks, at present during board	my expense, if		
☐ 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 EMER	RGENCY: ((please check one)			
Please Check: Please do not medically treat my pet until specific authorization is given.	☐ Please he/she be	treat my pet if ecomes ill.			
If your pet becomes ill, please ☐ \$150	clarify the □\$300	expenditure not to e	exceed (\$).		
PLEASE LIST two emerge	ncy numb	ers in case of your	pet's emergency:		
Emergency Phone:		Emergency Phone:			
Part 7 -EXAMINATION SER	RVICES				
Please Check One:					
∪I do not request a Veterinarian examination on my pet.	☐ I reque examine r	est a Veterinarian to 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	call 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 seizured?		
Where does your pet spend most of his/	her time?	
☐ Mainly Indoors ☐ Indoor	s Only	☐ 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.
I am the owner (or authorized agent	lease read the following and sign / date of the owner) of the animal described	above, and have the authority to

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 (\$8.00-\$10.00). I have carefully read, and fully understand, this consent. The tees 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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