

Pet's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Drop off date \_\_\_\_\_ Pick up date \_\_\_\_\_ AM/PM (if your pet is bathed or groomed pick-up **must** be PM)

Would you like your pet to have a bath or be shaved? \_\_\_\_\_ Call to pickup or pickup after 3pm?

Would you like any treatments done? (vaccinations, nail trim, exam, anal glands expressed)

Feeding instructions (include when last fed) \_\_\_\_\_

Special instructions for medications (Please specify AM or PM or both. Last time given?)

Items brought in with pet (including collar & leash) \_\_\_\_\_

Please specify the area in which you would like your pet boarded (check 1 box):

**Dogs:**

- Cage (for dogs under 60 pounds only)  
 Run  
 Luxury Suite

**Cats:**

- Cage  
 Cat condo

Would you like your pet to receive either of these special boarding options? (check box):

- Private Playtime with staff member = \$15.00 per day (30-minute session); specify # of days: \_\_\_\_\_  
 Doggy Days Daycare (must already be a member or pass evaluation) Full day \_\_\_\_\_ Half day \_\_\_\_\_  
# of days \_\_\_\_\_ (Daycare not offered on Saturdays, Sundays, or busy holidays.)  
 Daily Brushing = \$8.00 - \$10.00 per day (depending on size of pet & mats); specify # of days: \_\_\_\_\_

**Media Release:** I authorize my pet's picture and/or video recordings to be used on the AHCC website/ brochures/ advertising. I understand I will receive no compensation. \_\_\_\_\_

### OWNER RELEASE

♥ I understand you CANNOT guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. **I understand ALL pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.**

♥ I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be reached.

♥ Should an EMERGENCY arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

♥ I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

♥ **I understand that my pet can only be discharged during REGULAR office hours.**

♥ I have been provided with a copy of the boarding policy handout/brochure explaining the clinic's boarding policy, and have read and agree to all policies.

Date: \_\_\_\_\_ Owner /Person who dropped off: \_\_\_\_\_

Name & phone number of responsible parties to be reached in an emergency: