

**Please fill out one of these boarding forms per pet.*



Patient of _____

Drop off Date: ___/___/___ Time: _____

Day Boarding Form

Pick Up Time: _____

Owner's Name: _____ Pet Name: _____

Owner's Phone Number (Best number to reach you during your pets boarding): _____

Emergency Contact's Name: _____ Phone Number: _____

Thank you for choosing Duval Animal Hospital for your boarding needs. Be assured that the health of your pet is our highest concern, and we will do everything possible to maintain that health. In the event your pet should become ill while you are away, we will try to reach you at your destination. Failing to reach you, we will treat the presenting condition. Most common of these are vomiting and diarrhea. All costs associated with treatment are the sole responsibility of the owner.

****Please be advised that we do not have 24hour supervision in our facility****

VACCINATIONS: All pets are required to be current on all vaccines. If we do not have, or you have not provided your vaccination history, we will not board your pet. DAH staff initial _____(verify)

Feeding Instructions (for pet listed above)

Food: Owner provides _____ or DAH provides _____
 Brand/Type: _____ Hill's Science Diet Advanced Fitness Adult
 Amount to feed (in 1 cup increments): _____ Frequency: _____

Please list and describe all Pet's belongings you brought:

Leash _____ Collar _____ Harness _____ Food _____ Treats _____
 Toys _____
 Bedding _____

Please list any **medication(s)** and/or supplements your pet is receiving, the dose, the frequency and when it was last given below:
 (DAH Use Only in Date Section)

Medication/Strength	Amount (Dose)	Frequency	Last Given	Date	Date	Date	Date	Date

Please note that there is a charge of \$2.70 per day of boarding for administering medication(s) and/or supplements. If a pet has contagious infection, the medication charge will be increased due to the process of handling and sterilizing additional surfaces.

Will someone other than yourself will be picking up your pet? ID will be required.

Name: _____ Phone number _____

The hospital is to use reasonable precaution against injury, escape, or death of pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. Geriatric pets and those with ongoing medical conditions may present us with life threatening medical emergencies. Should this occur, a veterinarian will evaluate, and treatment will be administered at the sole discretion of the attending veterinarian. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

DAY BOARDING RATE: \$17.70/Per Animal

SIGNED: _____

DATE: _____



Boarding Treatment Plan

I, _____, hereby give permission to Duval Animal Hospital to administer medical treatment to my pet, _____, in the event of injury/and or illness. By signing this document, I am agreeing to pay for any medical serviced rendered that fall under the care I have selected. I have been made aware that in case of medical emergency, lifesaving medical treatment will be provided to make my pet stable until I can be further contacted for further permission to treat.

The Boarding Facility will take the necessary precautions to keep my pet safe and healthy while in their care. I understand that injuries and illnesses can still occur, and I will not hold Duval Animal Hospital responsible for any injuries or illness my pet may incur while in their care. They can include but not limit to: Kennel nose, hot spot, kennel cough internal or external parasites, infectious diseases, bite wounds or scratches.

Below is the listed treatment plan I have selected for my pet. I agree to the terms set forth and will alert Boarding Staff is I would like to make any changes to this agreement prior to my pet's boarding stay. Any medical treatment costs will be added to my boarding estimate charges and will be due at the time of pick-up.

Note: If the Boarding staff finds any fleas/ticks on your pet, they will immediately be given a mandatory dose of frontline, which will be added to your bill at pick-up. You will be notified and asked if you would like to have an exam performed for further treatment. This is a preventative step to ensure we are reducing the spread of fleas and ticks, as well as their corresponding diseases between animals in our kennels.

Please select one:

- I would like to be contacted with an estimate before any medical treatment is provided. In the case where I cannot be contacted, I give permission to my emergency contact to make medical and financial decisions on my behalf.
- Please treat my pet up to \$_____. Any additional charges must be approved by myself or approved emergency contact.
- I would like my pet to be treated to the utmost of your abilities. I agree to all charges, due at the time of pick-up.

Print Name:
Signature:
Phone Number:
Emergency Contact Name:
Emergency Contact Number:

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