**BLOOMINGTON VETERINARY HOSPITAL**

**BOARDING AGREEMENT**

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| **Check In Date:**  | **Check Out Date:**  | **Client ID #:**  |
| **Admitting Receptionist:**  | **Admitting Kennel Attendant:** |
| **Placement:** General Population C-Ward S-Ward  | **Preferred Dr:** | **Walk Outside:** Yes No |

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| **Client Name:** | **Primary Phone #:** | **Secondary Phone #:** |
| **Address:**  |
| **Email:**  |
| **Alternate Contact:** | **Primary Phone #:** | **Secondary Phone #:** |

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| **Patient Name:**  | **Breed:**  | **Age:**  |
| **Sex:**  | **Color:**  | **Weight:**  |

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| **Preventatives** |
| **Flea Product (Required):** | **Last Administered:** |
| **Heartworm Product:** | **Last Administered:** |

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| **Vaccinations** |
| **Canine** | **Feline** |
| **Name** | **Valid Until** | **Name** | **Valid Until** |
| Rabies |  | Rabies |  |
| Da2pp |  | DCR |  |
| Bordetella |  | FeLV (not required) |  |

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| **Needed Services** |
| **Appointment:** Yes No **Date:** **Dr:** | **Reason:** |
| **Bath:** Yes No **Type:** **Date:** | **Nail Trim:** Yes No **Date:** |
| **Other:** |

**Everything below to be filled out by the client**

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| **Concerns** |
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| **Belongings** |
| **Carrier:** Yes No | **Description:** |
| **Description:** |
| **Description:** |
| **Description:** |
| **Description:** |
| **Description:** |

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| **Food:** Owner Provided Clinic Maintenance Clinic Special Diet (Charged to Owner) |
| **Food 1:** | **Food 2:** | **Food 3:** |
| Wet/Dry: |  | Wet/Dry: |  | Wet/Dry: |  |
| Amount: |  | Amount: |  | Amount: |  |
| Frequency: |  | Frequency: |  | Frequency: |  |
| Total Provided: |  | Total Provided: |  | Total Provided: |  |
| Total Charged: |  | Total Charged: |  | Total Charged: |  |

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| **Medication:** Owner Provided Clinic Provided (Charged to Owner) |
| **Medication 1:** | **Medication 2:** | **Medication 3:** |
| Route: Oral Topical Injectable | Route: Oral Topical Injectable | Route: Oral Topical Injectable |
| Amount: |  | Amount: |  | Amount: |  |
| Frequency: |  | Frequency: |  | Frequency: |  |
| Notes: |  | Notes: |  | Notes: |  |
| Total Provided: |  | Total Provided: |  | Total Provided: |  |
| Total Charged: |  | Total Charged: |  | Total Charged: |  |
|  |
| **Medication 4:** | **Medication 5:** | **Medication 6:** |
| Route: Oral Topical Injectable | Route: Oral Topical Injectable | Route: Oral Topical Injectable |
| Amount: |  | Amount: |  | Amount: |  |
| Frequency: |  | Frequency: |  | Frequency: |  |
| Notes: |  | Notes: |  | Notes: |  |
| Total Provided: |  | Total Provided: |  | Total Provided: |  |
| Total Charged: |  | Total Charged: |  | Total Charged: |  |

**Please initial that you have read and understand the following:**

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|  | Boarding fees are assessed at half-day intervals with the break occurring at 12:00 noon. If you pick up between 7:30-8:00am there will be no charge for that day. If you pick up between 8:00am-12:00pm you will be charged for a half-day. Any animal picked up after 12:00pm will be charged for a full day. |
|  | Pick up and drop off times must be done during business hours only (7:30am-6:30pm M-F, 7:30am-12:00pm Sat) |
|  | All pets must be up to date on flea prevention. All pets will be screened for fleas upon admission and treated if needed. Fees will be assessed at our normal rates and are due at the time of pickup. |
|  | If your pet requires a special diet, you must provide the food or it will be provided for you at our normal rates. |
|  | If your pet requires medication, you must provide the medication or it will be provided for you at our normal rates. |
|  | Your pet’s boarding rate will be determined based on the criteria listed below and is solely dependent on your pet’s needs. |
| Level 1 Basic | Owner provided food, includes 3 walks and 2 feedings per day. Charged by weight. |
| Level 2 Basic | Clinic maintenance food, includes 3 walks and 2 feedings per day. Charged by weight. |
| Level 1 Medical | Includes basic care plus administration of oral or topical medications by kennel staff. |
| Level 2 Medical | Includes basic care plus administration of injectable medications by technical staff, as well as medications that need to be administered outside of normal kennel hours. A $25 fee will be assessed per administration on weekends and holidays. |

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I certify that all of the medical and dietary information listed above is correct. I further acknowledge that, unless otherwise stated, if any medical problems occur with my animal while I am away, I request that medical/surgical care be provided as is deemed necessary. I understand that I will assume financial responsibility for such care.

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| Signature: | Date: |