****

**Is your animal on Flea Prevention? Yes or No What Type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Your animal will be checked for fleas. If fleas are found your animal WILL be treated with a preventative at your cost.\*\*\*\***

**Is your pet current on vaccines? (Rabies, Distemper/Parvo/Lepto, and Bordetella) YES or NO**

**If boarding a feline, is it POS or NEG for \*either\* FIV or FELV? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feeding Instructions:**

|  |  |
| --- | --- |
| * **Feed our Food** | * **Brought own Food** |
|  |  |

**How much should we feed your pet?** **How often should we feed your pet?**

|  |  |  |  |
| --- | --- | --- | --- |
| * ¼ cup | * 1 cup | * + ¼ cup | * Once a day (AM or PM) |
| * ½ cup | * 2 cups | * + ½ cup | * Twice a day |
| * ¾ cup | * 3 cups | * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Three times a day |

**Items Left With Animal(s)**: Please Be Specific, such as color and description. Please Do ***Not*** bring Bowls.

|  |
| --- |
|  |

\*\*\*Owners are welcome to bring their own blankets or toys if desired, however ***The Bluffton Vet*** ***Hospital*** will not be held accountable for lost or damaged items.

\*\*\*Check-out time for boarders is 9:30 – 11:30 am on weekdays and before 11:00 am on Saturdays. Dogs leaving after this time will be charged a ***late pick-up fee of $9*** UNLESS they are signed up for grooming.

I have read and agree to the terms above.

Owner’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bluffton Veterinary Hospital & Pet Care Center**

**Boarding Release/Check-in form**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In the event of an emergency, I understand BVH&PCC will attempt to contact me *ONE TIME* at the phone number(s) that I have provided. I understand that if I cannot be reached, because time is of the essence in an emergency situation, I authorize BHV&PCC to treat my pet in a manner deemed necessary for its health and well-being. I agree to pay for any and all expenses that may be incurred, which I understand may include charges incurred from services rendered at WEST CENTRAL OHIO VETERINARY EMERGENCY SERVICES (WCOVES), if necessary. If my animal is transported to WCOVES, I understand that there will be a transport fee of $50.00 and the initial exam fee of $90.00, in addition to any treatment or diagnostics performed.
* I understand that if my pet is on medication, I will be charged a fee of $5.00 per day for administration of any such medications that I have provided. I understand that if I do not bring my pet’s own medication(s) or special diet, I will be charged for any replacement medication(s) or diets prescribed from the BVH&PCC pharmacy. If you bring medication that is NOT PRESCRIBED by a veterinarian, IT WILL NOT BE GIVEN BY OUR STAFF. PLEASE MAKE SURE ANY AND ALL MEDICATIONS ARE LISTED WITH SPECIFIC INSTRUCTIONS.
* I assume full financial responsibility for this/these animals. I understand that payment is expected when services are rendered. NO PET WILL BE RELEASED UNTIL THE BILL IS PAID IN FULL. I understand that a boarding environment is not without risk to my pet. Neither the BVH&PCC, any employee, director, nor owner of the above will be held liable in conjunction with any or all claims, including but not limited to disease, theft, fire, injury, death, injury incurred to my pet, or to persons, other pets or destruction of property by my pet.
* We highly recommend all pets be on a quality flea preventative. Your pet will be examined for fleas before entering the kennel. If your pet has fleas, you will be charged for a Capstar pill and possibly a flea bath, which will be given to prevent spread of fleas to other pets here.
* We encourage you to bring your own food. However, if this is not possible, we will be feeding the Hill’s Science Diet line of food. If your pet needs a special prescription diet, please give detailed information as to what kind, and your feeding instructions
* **If your pet has been given an appointment for any hospital/surgical procedures to be done during their stay, an additional release form will be needed. Let us know, so that we may fill this out today.**
* If boarding more than one animal please mark: I WOULD \_\_\_\_\_\_\_ WOULD NOT\_\_\_\_\_\_\_ LIKE MY PETS BOARDED TOGETHER.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bluffton Veterinary Hospital

& Pet Care Center

Behavioral Information

In an attempt to better know your pet, we have some basic behavioral information we would like you to furnish prior to your pet’s stay with us.

Good with people Y/N Good with other animals Y/N House trained Y/N

Fears (thunder/strangers/noises/other dogs, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any problems: \_\_\_Chews \_\_\_Bites \_\_\_Jumps \_\_\_Pulls Leash \_\_\_Runs away

Does your pet Growl/Snarl/Hiss (G), Snap/Scratch(S), Bite (B), None (N) when someone:

\_\_\_ Takes toy away \_\_\_ takes away food \_\_\_ Brushes them \_\_\_ Bathes them

\_\_\_Interrupts eating \_\_\_Enters sleep area \_\_\_Wakes abruptly \_\_\_Touches neck area

\_\_\_Moves Quickly \_\_\_ Is a stranger \_\_\_ In a new situation \_\_\_ is another animal

Commands your pet understands: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any activities your pet enjoys as well as any other routine information:

**Vaccine Requirements**:

All pets must be up to date on required vaccines. If pets are found to be overdue or if vaccines cannot be verified by phone or fax, they will be given upon admittance for boarding.

Name of clinic/hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City,State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE SCHEDULE/AGREEMENT:**

The Owner agrees to pay the rate for services in effect on the date the guest is check into the facility, including the date the Guest is checked out of the Facility. A day is defined as a 24 hour time period from the time of drop off. The owner shall remain liable for all charges incurred for the care and maintenance of the Guests as well as any property damaged by the guest. The owner agrees to pay attorney fees incurred by the facility in the collection of any charges for services incurred. The owner agrees that the guest will be picked up by the agreed upon time between the owner and the facility. Charges may be incurred if the pickup is made at a time different than the agreed upon time. Each additional Guest in the same space is a reduced fee (up to 4 additional guests). If exceeding a 12 hour increment of time, the time will be rounded up to the next level (i.e. if your pet is boarded for 13 hours, you will be charged for 24). **A cancellation fee equal to a 24 hour period ($17.00 for canines, $13.00 for felines) will be assessed for reservations canceled less than 24 hours prior to a scheduled reservation.**

**Canine Fees: Feline Fees: Luxury Suites:**

**Daily Day Care: $9.00 Daily Day Care: $9.00 Daily Day Care: $9.00**

**24 hours: $17.00 24 hours: $13.00 24 Hours: $31.00**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**