


Canine Boarding Form - Pet Instructions

Check in date	Check in time	
	For Internal use only	
Check out date	Day of week	Est. pick up time
		*

Client Contact Information

Client Name: _____

Contact Phone Number: _____

Alternate Contact Name: _____
 Check box if your alternate is picking up your pet

Alternate Contact Phone: _____

Pet Information

*Late pick up fee of \$10.50 after 3pm

Pet Name	Alone or sharing kennel with:
_____	_____

Standard Boarding Services Provided: ~Three exercise periods per day ~Lots of Love ~Feeding Sensitive Stomach and Skin
 ~Veterinarian Supervision ~Licensed Veterinary Technician Monitored ~Administration of Medications and/or Supplements

Daily Boarding Rates: ~Small Dog (1-39lbs.) \$28.00 ~Large Dog (40 +lbs.) \$31.00 ~Clean-up Bath \$15.00

If bringing food from home, please provide in a clearly marked container.

<input type="checkbox"/> Use CHFA food	Frequency per day (choose only one)	Amount per feeding (1 cup, 1/2 can, etc.)	Next feeding
<input type="checkbox"/> Brought food _____ <input type="checkbox"/> Purchased food _____	<input type="checkbox"/> Twice a day <input type="checkbox"/> Once- AM Noon PM <input type="checkbox"/> Three times a day <input type="checkbox"/> Free Feed (leave food out)	<input type="checkbox"/> Dry Qty: _____ <input type="checkbox"/> Wet Qty: _____	

*****If your pet runs out of the food you provided while boarding: If it is a food CHFA stocks, we will open a new bag/can(s) and invoice accordingly. If it is not a food CHFA stocks, we will feed your pet Science Diet Sensitive Stomach and Skin, at no additional cost.**

Optional Packages & Services:

Select	#/day	Total #/stay	Packages & Prices	Description
<input type="checkbox"/>	1 M T W R F S S		Fur-Get Me Not \$3.25/day	*Receive a photo and update of your pet via text message or email. Email or Text Msg. # _____
<input type="checkbox"/>	1 M T W R F S S		Doggie Daycare Stay & Play Package \$13.75/day	If your dog loves to romp and play, spend the day @ The Crate Escape. Free Electronic daycare card available via Email or Text Msg. # _____
<input type="checkbox"/>	1		Extra Stretch The Legs Walk \$4.75/day	This will add a 4th walk per day. Intended for the pet with arthritic pain, or who cannot participate in daycare.
<input type="checkbox"/>	15 or 30 minute session		Brush Out \$16/fifteen minute session	Keep your pet looking good between grooming's! ***If your pet is matted, we reserve the right to cancel this service.***
<input type="checkbox"/>			Nail Trim \$14.75	Help protect your floors and your pet with routine nail trims.
<input type="checkbox"/>			Ear Cleaning \$17.50	Give your pet a squeaky clean ear cleaning! <input type="checkbox"/> If infected, I give permission for a doctor to examine and treat. (additional fees apply)
<input type="checkbox"/>			Anal Glands Expression \$28.75	If you have a little scooter at home, help relieve their discomfort! <input type="checkbox"/> If infected, I give permission for a doctor to examine and treat. (additional fees apply)

*****Rawhides and dental chews are available for in store purchase*****

Pre-Scheduled Services:

<input type="checkbox"/>	I have made arrangements with Shaggy Pines	Date(s): _____
<input type="checkbox"/>	I have made a Grooming Appointment	Date: _____ <input type="checkbox"/> Megan <input type="checkbox"/> Michelle <input type="checkbox"/> Aggie <input type="checkbox"/> Brittney

Authorization of Non Life-Threatening Treatment:

Yes____ No____ (initials) I authorize Cascade Hospital for Animals to treat any unexpected **non life threatening** medical problems such as lameness, skin infections and ear infections **up to \$150**. If we cannot complete the services under this amount, no services will be performed until we receive your approval first.

My pet will require a doctor examination &/or the administration of insulin (\$8.25 once daily, \$16.50 twice daily) while boarding (separate form with owner instruction is needed for this service, and original containers for all medications and injections)

Please review other side for boarding guidelines and owner signature

Revised: 3/4/2019

Boarding Form - Client Authorization



Please review the following information for your pet's boarding stay.



Guidelines that have our logo near them indicate that additional charges, other than the boarding rates, maybe incurred. It is your responsibility to review these items prior to signing below.

Accommodations: I hereby entrust Cascade Hospital for Animals (CHFA) to care for my pet(s) during his/her boarding and/or daycare stay. I understand that all pets are handled and cared for by CHFA staff without liability on Cascade Hospital for Animals' part for loss or injury from disease, theft, fire, death, injury, or harm to persons, other pets, or property. CHFA will provide accommodations deemed appropriate for the safety, health, and comfort of my pet(s). I understand that if my pet(s) are experiencing some discomfort from the stress some pets have when boarding in the form of vomiting or diarrhea, that CHFA will have a doctor access the symptoms and may prescribe medications (which I will be responsible for covering the cost of) to make for a more enjoyable stay for my pet(s).

Emergency or Illness: I have provided a contact number(s) to reach me in case of an emergency, or an alternate contact person who is able to authorize services if I cannot be reached. In the event of an illness or emergency, CHFA will attempt to contact me or my alternate contact at the phone number(s) provided; however, I understand that if I cannot be reached within a reasonable length of time, I authorize CHFA to treat my pet however is deemed necessary for his/her health and well-being, and I agree to pay for any expenses that may be incurred.

Boarding Requirements: I understand that I am responsible for providing a vaccination record that my pet(s) are current on vaccinations, species specific requirements are below. If I fail to bring proof of vaccines, or CHFA is unable to contact my veterinarian to verify proof of vaccinations, my pet(s) will be seen by a CHFA doctor to have an examination and these required vaccines will be administered, and I agree to pay all charges associated with these services. I affirm that my pet(s) are free from parasites as evidenced by a negative fecal test within the past 6 months. I also agree that if fleas are found on my pet(s), CHFA will treat them appropriately and I will be charged for the medication and the administration.

Personal Belongings: I understand that pets may tear, chew and/or swallow items left in the kennel during boarding, including their own collar or the collar of a kennel mate. I accept all financial responsibility for any medical or surgical intervention that may be required should my pet(s) develop medical problems as a result of any items I have requested be left in the kennel. I am aware that my pet(s) are not supervised at all times, and understand that any item I leave does have the chance to be lost or damaged.

Abandonment: Should my pet(s) remain unclaimed after the date that I have stated as the pick-up date, written notice will be mailed to my address. Seven days after such written notice, I understand that the pet(s) will be considered abandoned. It is further understood that such action will not relieve me from paying all accumulated charges, including boarding or grooming.

Photos: I further understand by allowing my dog to participate in services offered by CHFA I hereby agree to allow CHFA to use photographs or images taken of my dog in print form or otherwise for publication and/or promotion. All images are the property of Cascade Hospital for Animals and will be used as needed only by Cascade Hospital for Animals.

For Dog Owners:

Inherent Risks: I understand that sending a dog to any dog activity center, such as boarding and daycare, is similar to sending a child to school or walking through an airport, in that there is an increased risk of exposure to communicable disease. In a doggie daycare environment, the upper respiratory viruses that cause Tracheobronchitis (kennel cough) are similar to the flu in humans, in that they contain a number of different strains. Although vaccinations are required to prevent such outbreaks, vaccines cannot protect against every strain, meaning there is still a chance that my pet may become ill. I accept this risk because it is outweighed by the benefit of having my pet board and/or play in my absence.

Boarding Pick-up: I understand that if I pick up my pet(s) after 3:00pm, I will be charged a late check out fee of \$10.50 to cover the costs associated with a later pick-up (fee does not apply to daycare or grooming pets).

Bath: I understand that if my pet(s) are staying more than one night, CHFA will charge me a nominal fee for a clean-up bath on the check out day.

Doggie Daycare: I understand that my pet(s) may be involved in water play with a visit to The Crate Escape during warmer weather and may be damp when being picked up from the day's activities. I also understand that in the event of inclement weather, CHFA will resort to winter hours, where the groups (large and small) alternate every two hours twice a day.

Vaccines: I understand that I am responsible for providing a vaccination record that my pet(s) are current on vaccinations, including but not limited to Rabies, Distemper/Parvo, Bordetella, & Canine Influenza (H3N2/H3N8 Bivalent or H3N2 Monovalent)

For Cat Owners:

Vaccines: I understand that I am responsible for providing a vaccination record that my pet(s) are current on vaccinations, including but not limited to Rabies, Distemper & Feline Leukemia.

Boarding Pick-up: I understand that if I pick up my pet(s) after 3:00pm, I will be charged a late check out fee of \$5.25 to cover the costs associated with a later pick-up (fee does not apply to grooming pets).

I have read the foregoing and agree. I have completed a Boarding Form - Pet Instruction page for each pet, and if necessary a Boarding Form - Medications form or Medical Boarding Form if my pet is to have medications administered while boarding. I am the legal owner and financially responsible party.

Owner's Signature _____

Date _____

For Office Use Only

VA Initials: _____

Form scanned into Medical Record

Revised: 3/4/2019