

# Exotic Boarding Form - Pet Instructions



## Client Contact Information

Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Alternate Contact Phone: \_\_\_\_\_

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

## Pet Information

Name	Alone or sharing kennel with:

### Standard Boarding Services Provided:

~Veterinarian Supervision    ~Licensed Veterinary Technician Monitored    ~Clean & Friendly Environment

**Daily Boarding Rates:**    ~ \$17 (Owner must provide housing)

**Feeding - Owner is responsible for supplying food and bedding for the duration of the pet's stay**

Description of food and bedding provided	Amount (ie free feed, 1 cup, 1/2 can, etc.)	Frequency (check all that apply)	Next feeding due
	<input type="checkbox"/> Dry Qty: _____ <input type="checkbox"/> Wet Qty: _____	<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	

\*\*\*If your pet runs out of the food you provided while boarding: In the event the food and/or bedding runs out or expires, we will charge you for those items plus a handling fee in addition to your regular boarding fees

### Optional Packages & Services:

Select	# during stay?	Packages & Prices	Description
<input type="checkbox"/>	1 M T W R F S S	Fur-Get Me Not \$3/day	*Receive a photo and update of your pet via text message or email.  Email or Text Msg. # _____
<input type="checkbox"/>	1	Nail Trim \$14.63	Help protect your floors and your pet with routine nail trims.

### 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 medications (\$3.35) &/or insulin (\$7.98 once daily, \$15.87 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

# 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 an extended stay fee of \$10 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.

### 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 an extended stay fee of \$5 to cover the costs associated with a later pick-up (fee does not apply to grooming pets).

### For Ferret 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.

**Boarding Pick-up:** I understand that if I pick up my pet(s) after 3:00pm, I will be charged an extended stay fee of \$5 to cover the costs associated with a later pick-up.

*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: 2/7/2017