

Boarding Intake Form

Client Name: _____ Phone Number: _____

Patient Name: _____ Check in/Check out Date: _____

FEEDING INFORMATION: Please check box to indicate feeding schedule

Diet/Instructions: _____

Hospital Food Owner Brought Food

AM LUNCH DINNER SNACK

MEDICATIONS: (Please print name of medication, dosing and instructions)

SPECIAL INSTRUCTIONS:

BELONGINGS:

IN CASE OF AN EMERGENCY I AM WILLING TO SPEND \$ _____ IF I AM UN-RECHABLE!

PLEASE CALL _____ IF OWNER CANNOT BE REACHED!

CPR AUTHORIZED? YES NO

Staff only:

COMPLIMENTARY BATH AFTER 5 NIGHT STAY

Nail Trim (\$25) ANAL GLANDS (\$38) EAR CLEANING (\$40)

Date Completed/By Who? _____

VACCINES/FECAL/EXAM PLEASE ADD

Patient Boarding Tracker

Patient Name: _____

DATE:	Food Intake		Water Intake		Bowel Movement		Urine Output		Treats	Any necessary info for doctor/tech le: V/D/C/S
	AM	PM	AM	PM	AM	PM	AM	PM		
Mon:										
Tues:										
Wed:										
Thurs:										
Fri:										
Sat:										
Sun:										

DATE:	Medication:		Medication:		Medication:		Medication:	
	AM	PM	AM	PM	AM	PM	AM	PM
Mon:								
Tues:								
Wed:								
Thurs:								
Fri:								
Sat:								
Sun:								

Boarding Contract

This serves as a contract for boarding between Dreaming Summit Animal Hospital and Owner

_____.

Kennel agrees to exercise due and reasonable care to all patients and to keep the kennel premise clean, sanitary and enclosed during your pets stay. All possible contaminates will be cleaned accordingly. Your dog/cat is to be fed/watered properly and kept in safe and clean quarters within our facility. We promise to exercise caution with exposing your pet to other patients within the clinic.

This contract serves as an agreement that our kennel staff will house your pet and properly care for them during their stay but releases the clinic from any liability due to disease, death, theft, fire, flood, running away, self-injury, harm to persons/other dogs/cats, or any other unavoidable causes/damages. The owner also acknowledges that if kennel staff provide hospital supplied diets, we are not responsible for any related illness due to dietary changes during the patients stay.

Owner acknowledges that their pet is staying in an animal hospital setting and within the practice their pet may be exposed to different zoonotic diseases, outside of staff control, possibly causing an array of different symptoms and has been made fully aware that this is why all vaccines and preventative care are required for all patients prior to their stay. Thus, releasing Dreaming Summit Animal Hospital from any liability related to possible infection.

If owner goes against clinics recommendations and brings in personal belongings, Dreaming Summit Animal Hospital is not responsible for any damaged or lost items.

Client agrees to pay a deposit of the amount related to the pets expected stay length, AT time of drop off, any additional charges can be paid at time of pick up. Owner has been provided with an estimate of costs and agreed to said amount.

Owner has been made aware that staff are not on premises 24/7 and no one is in the building overnight.

If the pet becomes ill/injured during their stay, it is at the kennel technician's sole discretion to have pet examined by a veterinarian on staff due to the health and safety of not only your pet but other patients in our care.

If there is an emergency owner agrees to the additional amount of at least **\$64.00** to cover the cost of an exam with an onsite veterinarian, to address established concern. If owner declines any services to be done without being talked to directly, ultimately causing delay in patients' treatment and care, this contract releases Dreaming Summit Animal Hospital from any related damages at the time of concern.

Yes I agree:

No I do not agree:

Signature: _____

Date: _____

In the event owner is unreachable by phone/email that was provided at time of drop off. We will reach out to the emergency contact, by phone, provided by the owner at time of drop off. This contract serves as an agreement that in the absence of the owner said emergency persons can and will make verbal financial decisions in regards to patients medical needs during boarding stay.