Tender Care Animal Hospital, LLC
Boarding Consent Form

Boarding Policies:

At Tender Care Animal Hospital, pets receive the utmost care and attention while their owners are away. Our boarding kennel staff adheres to the highest standards which assures you that we treat your pet with professional care and knowledge. To better assist you, we have included some information regarding our facility.
Before a boarding appointment can be made, your pet(s) must be current on their annual physical exam and vaccinations. They must have a fecal parasite check done within the last 12 months.
If we do not receive a fecal sample within 48 hours before scheduled boarding date, dogs will be required to have mandatory play walks when being let out and will be charged $5.50 per walk twice a day.
If your pet has had their exam, vaccines and fecal test done elsewhere we need written proof of them from your veterinarian.
Vaccines: Rabies, Distemper, Leptospirosis (dogs) and Bordetella (dogs),
All pets must have a veterinarian approved flea control. The following are approved flea preventions: Revolution, Frontline Gold, Advantage, Advantix, Vectra3D, Bravecto, Credelio, Nexgard, Nexgard Plus, Simparica, Simparica Trio. Over the counter flea preventions are not approved. If fleas are found on your pet during their stay, an approved flea medication will be applied/given at owner's expense.
Name of Flea and Tick prevention: _____ Date Given: _____

Pick up date: _____ AM PM

Medical Boarding:
Pets requiring Insulin **OR** 3+ medications will be charged Medical Boarding ($30/day**)**

Medication	Dose & Frequency	Time Next Dose Due
1.		
2.		
3.		
4.		

Additional Services:

Nail Trim: $23.50 **YES** **NO**

Please initial which you would like:
Complimentary bath if boarding stay is 2 or more nights _____

$15 bath if boarding stay is less than 2 nights _____

No Bath_____

(These baths do not include drying, brushing out or nail trims.)

Thunder Wunder calming chews promote rest and relaxation during times that may cause anxiety. Would you like us to administer these to your pet(s) during their stay for an additional **$4 per day?** **YES** **NO**

Play Walks: $5.50/each (please circle) – A 10 to 15 minute walk for your pet(s)

None 1 walk per day 2 walks per day

Feeding Instructions:

- ☐ My pet(s) will eat food from home. Name of food: _____
- ☐ Purina EN provided by Tender Care Animal Hospital

Amount fed: _____ **AM** **PM** **AM and PM**

SEE OTHER SIDE

Has your pet ever shown aggression to people or animals? YES NO

If yes, please explain _____

Has your pet ever shown possessiveness of food or toys? YES NO

Has your pet been ill in the last 30 days? YES NO

If yes, please explain _____

Is your pet a blanket chewer? YES NO

***A 24-hour notice of a cancellation is mandatory for weekend and holiday reservations.** Any pets picked up on weekends or holidays prior to the original pick up date or time specified on the paperwork do not receive reimbursement for the remainder of the stay.
*Any injuries to your pet or damages to the boarding facility caused by your pet will be the financial responsibility of the pet owner.

Boarding Medical Illness Policy:

If the unforeseen circumstance your pet(s) gets ill or an emergency happens, AND we have a veterinarian on call or on the premises, we as a veterinary hospital are readily available to render whatever services are needed upon your request below. In an EMERGENCY, we will call you or your emergency contact as soon as possible, but until then, please let us know your request for treatment until we can contact you. If you or your emergency contact cannot be reached, please list what veterinary hospital we should reach if our staff deems the need necessary. In the case of a NON-LIFE-THREATENING medical condition i.e., diarrhea, ear infection, etc., please also indicate the level of treatment you authorize us to perform. Please indicate your wishes below regarding this issue to relieve your pet(s) immediate discomfort or to resolve his/her medical condition.

EMERGENCY/NON-EMERGENCY:

Maximum amount: $_____ **OR** Whatever it takes

☐**DO NOT** administer any medical treatment until specific authorization is given.

Person to contact in case of an emergency (if other than yourself): _____
(This stated person can make medical decisions for my pet in case I cannot be reached)
Emergency Contact Phone Number: _____-_____-_____

Vet clinic to reach if we do not have a veterinarian on call and cannot reach the numbers listed:
Clinic Name:_____ Clinic Phone Number:_____-_____-_____

There is no staff at the clinic from 7pm to 7am.
During normal business hours clinic staff will be taking care of your pet, and kennel staff will be taking care of your pet from 5pm-7pm.

Client Signature: _____ **Date: _____/_____/_____**

Client Phone Number(s): _____-_____-_____