

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 your pet has had their exam, vaccines and fecal test done elsewhere we need written proof of them from your veterinarian. You can also email records to tendercarepdcwi@gmail.com

Vaccines: Rabies (cats and dogs), Distemper (dogs), FVRCP (cats), 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:** _____

Drop off date: _____ **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

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.

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. If we can't reach you or the listed emergency contact, please indicate the level of treatment you authorize us to perform.

EMERGENCY:

- DO NOT** administer any medical treatment until specific authorization is given
- Up to \$250
- Up to \$500
- Up to \$1,000
- Do whatever it takes

NON-EMERGENCY: (ear infection, diarrhea, broken toenail, etc.)

- DO NOT** administer any medical treatment until specific authorization is given
- Up to \$250
- Up to \$500
- Do whatever it takes

Person to contact in case of an emergency (if anyone other than yourself): _____

Emergency Contact Phone Number: _____ - _____ - _____

(This stated person can make medical decisions for my pet in case I cannot be reached) **Initial:** _____

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): _____ - _____ - _____