

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.

Included in your pets stay: Two walks (1/4 mile down the road and back) per day **weather and behavior permitting**, as well as play yard time in the morning, during lunch, and in the evening. A complimentary bath if staying 2 or more nights. We also include Purina EN dry food (for sensitive stomachs), probiotics and, of course, treats!

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 not have access to play yard.

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 tendercarepdwi@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, Seresto Collar, 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.

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.

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:** _____

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

SEE OTHER SIDE 

Drop off date: _____ Pick up date: _____ AM PM

Name of Flea and Tick prevention: _____ Date Given: _____

Additional Services:

- 1. Nail Trim: \$23.50 **YES** **NO**
- 2. Complimentary bath if boarding stay is 2 or more nights **YES** **NO**
 \$15 bath if boarding stay is less than 2 nights
(Baths do not include drying, brushing out or nail trims.)

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**

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**

Is your pet a blanket chewer? **YES** **NO**

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

If yes, please explain _____

Medical Boarding:

Pets requiring Insulin **OR** 3+ medications will be charged Medical Boarding (Cats: \$30/day) (Dogs: \$36/day)

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

Client Signature: _____

Date: ____/____/____

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

*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.*