

# American Animal Hospital Boarding Registration

## 402-493-6767

Pet Name(s):

Owner:

Collar/Leash:

Kennel/Carrier:

Toys/Chews:

Flea Prevention/Date applied:

Bedding:

Food (specific type):

Medication Name:	Dose:	Route:	Frequency:	Last Given:	Owner Provided	
					Yes	No
					Yes	No
					Yes	No
					Yes	No

**Special Medication-** [A daily medication administering fee of \$3.75/day per pet requiring special treatments or medication] Please remind us of any medical problem we need to be aware of such as diabetes, heart or kidney failure, seizures etc.

Drop off Date:	am	pm	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Pick up Date:	est. time		Mon	Tues	Wed	Thurs	Fri	Sat	Sun

**\*Dogs** bathed on Sunday am for Sunday pm pick-up may be slightly damp at pick up time.

**\*Dogs** staying **2 or more** nights receive a complimentary bath if time allows.

In case of **EMERGENCY** contact:

Primary Name:

Phone:

### Consent for Services: (Check all desired services; Additional charges apply)

Exam ( will be given to receive vaccinations, excluding Bordatella)

Vaccinations:

Heartworm test      Check Fecal      Nail Trim

Anal Glands      Apply Frontline/Revolution and/or give Heartworm

Playtime: **1 or 2** times/day (weather permitting @\$4 each time)      Multiple dogs from household playtime together

Professional grooming (booked in advance/Tue – Sat only)      Date scheduled:

**Dogs:** (Price reflects cost/animal. \$1 off/night if owner provides pet's food)

Runs      \$27.50/night

Large Kennel      \$24.00/night

Sm/Med. Kennel      \$23.00/night

**Cats:** (price reflects cost per animal)

Single:      \$14.00/night

Condo (dbl)      \$18.00/night

Small Pets: (owner provides cage)      \$9.00/night

#### Please Initial:

My pet is currently on flea prevention (if not my pet will be treated with frontline at my expense)

My pet is current on immunizations (if not current, or written proof not provided, my pet will be vaccinated at my expense)

I am financially responsible for any special diets (if not provided) or medications (medication administration fee), including any special diet fed due to intestinal upset during boarding.

AAH is not responsible for lost or damage to personal belongings.

- If your pet(s) becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatments options and an estimate of additional costs.
- I have read and understand this agreement;
- I fully intend to pick up my pet(s) on the specified date. If circumstances change, I will notify the hospital of a new pick up date.

Owner/Agent for Pet(s)

Date

Checked in by (Receptionist)

(Technician/Assistant)