

Crosspointe Animal Hospital
Boarding Agreement

Client's Name: _____ Home Phone: _____ Weight(s): _____

Guest(s): _____ Breed: _____

Visiting From: _____ To: _____ Total Days: _____ Owner Initials _____

Owner's Emergency Number(s): _____

Local Emergency Number: _____ Name of contact person: _____

Approximate time of pick up: **(9 am or later, After 3 pm for baths)** _____ Owner initial: _____

Extra Boarding Options Please initial any of these options that you would like. (at an additional cost)

Bath: _____ (If a bath is requested, pick up time is after **3PM**. Baths are not given on Saturday.)

Nail trim: _____ Sedate if necessary _____ Anals: _____

Extra walks: _____ We give 3 walks per day; up to 2 additional may be requested How many per day: 1 2

Play time: _____ M TU W TH F SA _____ Toys/Belongings Left at Own Risk _____

Vaccines/Services Needed

Pets needing vaccines will be charged an examination fee.

Rabies Vaccine: _____ Leptospirosis Vaccine: _____ Lyme Vaccine: _____ CIV Vaccine: _____

Distemper Vaccine: _____ Heartworm/Lyme/Ehrlichia Test _____

Bordetella: _____ Fecal Analysis: _____ Medication Administration (at additional charge): _____

***If your pet has never been examined here an exam is recommended prior to receiving the bordetella vaccine.**

FELV/FIV Vaccine/test _____ Refill of heartworm/flea & tick prevention: _____

General Exam: _____ Reasons/Concerns: _____

Please note that the following may occur at an additional cost:

>Clean up bath (pet has an accident in their kennel)

>Pets having diarrhea/vomiting for more than one day will result in an examination and will be treated with medication.

>If pet becomes aggressive while here they may need special treatment or accommodations to give necessary care.

In the event my pet needs non emergency medical treatment I understand every reasonable effort will be made to contact me. If contact cannot be made, necessary steps will be taken to treat my pet, and I agree to be financially responsible up to the cost of (initial)

\$100-200 _____ **\$200-300** _____ **\$300-400** _____ **\$400-500** _____ **unlimited** _____

In a life-threatening situation I authorize whatever services the doctor deems necessary for the best care of my pet _____.

OR

In a life-threatening situation I direct the doctor to let my pet die naturally using only treatments to keep my pet comfortable and alleviate pain. _____.

Crosspointe Animal Hospital is not an emergency facility, therefore does not have overnight staffing. If needed please request a copy of hours of operation.

SIGN PLEASE (I AGREE TO THE TERMS AND CONDITIONS OF BOARDING MY PET)
