

PET'S NAME _____ OWNERS NAME _____

ARRIVAL DATE _____ DEPARTURE DATE _____ AM or PM*

EMERGENCY CONTACT INFO: _____

AVH Boarding Policies & Information

Please initial each section, indicating you have carefully read and understand the following information and policies:

____ I authorize the doctors and staff of Atlantic Veterinary Hospital to do whatever is necessary to care for my pet should an emergency situation arise. I understand that every reasonable attempt will be made to contact me or my emergency contact above. I authorize any additional emergency charges associated with my pet's care up to \$ _____ (please complete)

____ All boarding pets MUST to be in **good general health, current on vaccines per AVH wellness protocols, free of external and internal parasites, and had a fecal exam within the past year.**

- Ill pets may be hospitalized under doctor care, but may not be boarded.
- Pets that are over the age of 12 years, on daily medication, OR with well-controlled chronic diseases (well-managed diabetes, early kidney disease, mild heart disease, etc.) may board with us, but must have had a physical exam and consultation with one of our **doctors in the past 30 days. Please schedule any necessary appointments and plan ahead for the time required.**
- Additional charges will apply if we need to give medications to your pet or to address an emerging health issue. **If fleas or other parasites are found on your pet, he/she will be treated and the charge will be added to your invoice.**
- If a fecal exam has not been performed in the past year, a fecal exam will be done while the pet is boarding and a (\$23 charge)
- For their safety, puppies and kittens who have not completed their vaccination series may not be boarded.

____ **Pets may be released from boarding between 7:30am - 5:00pm Monday thru Friday and 8:30am - 11:30pm on Saturday.** Pets cannot be released outside these hours, after hours, or on Sundays. If your travel schedule changes, please let us know so that we may adjust our patient care and staffing schedules.

____ All boarding pets receive a brief, complimentary nurse evaluation upon arrival. Our veterinarians will be contacted if concerns are found, such as unexplained weight loss, severe dental disease, external parasites, or other conditions that may require medical attention. If a doctor exam is needed, an office call/exam fee of \$61 will be charged and we will attempt to contact you or your emergency contact person right away.

____ Dogs are walked off premises in the neighborhoods around the hospital. For their safety, all dogs are double-leashed and walked one at a time. The kennel attendant will use all reasonable precautions to protect and keep a dog safe. However, unforeseen accidents can occur that may result in illness, injury, or the loss of your dog.

____ For pet safety, no toys are allowed in the kennel with a boarding pet. However, it is possible that your pet may chew and ingest the bedding or food bowls placed in his/her kennel, resulting in illness or injury. Pets that damage or destroy hospital property (such as a kennel mattress or hammock bed) will be charged replacement value for the damaged item(s).

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____ If a tranquilizer is necessary to calm my pet while boarding to relieve anxiety or permit safe handling, I give permission to Atlantic Veterinary Hospital to dispense and to administer such medications and understand there will be an additional charge.

____ I understand that if I present a current, complete, and signed copy of the *AVH Boarding Form* at check-in, I will receive a \$5 discount off the total invoice. The form may be accessed and printed at home via the Atlantic Veterinary Hospital website at www.atlanticvetseattle.com or I may request a copy of the form be mailed to me.

____ If I neglect to pick up my pet within 5 days of the departure date I indicated above, Atlantic Veterinary Hospital will assume the pet is abandoned and is hereby authorized to release the pet to Seattle Animal Control. I am still financially responsible for any charges associated with the boarding and care of the pet.

For your convenience, may we provide any additional services while your pet boards with us? Please check any desired.

____ Loving daily affection and attention from our staff **No Charge**

____ Extended Walks (for dogs, extended mid-day walks, \$8.00 additional per day)

____ Bath (\$30-50, based on weight)

____ Combout or brushing, 15 minutes (\$20)

____ Toe Nail Trim (\$12.00)

____ Annual Well Pet or Senior Wellness Exam, vaccines, and other recommended preventive care

____ Dental prophylaxis ("teeth cleaning"). A current signed anesthetic release form and estimate are required.

____ Other (please specify): _____

() Would you like a doctor to address any minor medical concerns with your pet during your pet's stay with us? (Exam report will be provided and an exam fee will be charged)

Is your pet on any medications? YES NO

If YES, **please carefully list all medications on the back of this page**, including full medication name, strength, and dosing instructions. All medications must be accurately labeled with current dosing information, or they cannot be administered. There is an additional fee of \$4 per medication administration.

Is your pet on a special diet or have any dietary concerns? YES NO

Please list any special feeding instructions on the back. May we give a small amount of treats to your pet? YES NO

Owner Signature _____ Date _____