

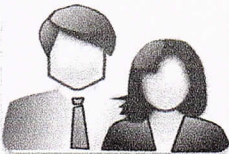
# Welcome to AHC

## Boarding Admission & Release Form

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At Animal Health Clinic, we strive to make the boarding and daycare experience to be enjoyable, for both you and your pet. In order to ensure that we can do our best work, please read our policies, and provide all requested information. Feel free to ask any questions. We look forward to getting to know you and your pet!

### All About You:



- Name: \_\_\_\_\_
- Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_
- Emergency Contact Info: \_\_\_\_\_

### All About Your Pet:



- Pet Name(s): \_\_\_\_\_
- Food Allergies? Yes -- No
- Vet Clinic (vaccinations) \_\_\_\_\_
- Date of most recent vaccinations \_\_\_\_\_

### **IMPORTANT POLICIES & INFORMATION** *(Please Acknowledge, by initialing at bottom):*

- ✎ **ALL YEARLY VACCINATIONS & FECAL EXAMINATIONS MUST BE CURRENT.**  
If proof of current vaccinations is not provided; we will administer the required vaccinations, during your pet's stay, and charges will be applied to your account.
- ✎ **ALL FEES MUST BE PAID, IN FULL, UPON CHECK-OUT.**  
If you opt to pick up, on Sunday, your bill must be paid upon check-in.
- ✎ **ALL PETS MUST BE FREE OF FLEAS & TICKS.**  
If we find that your pet has fleas, we will administer a Capstar (\$4.95). If the problem is severe, a bath will be given. You will be responsible, for any charges accrued.
- ✎ **AHC WILL NOT BE RESPONSIBLE FOR LOST OR DAMAGED ITEMS.**  
Please label any personal items being left with your pet (toys, food containers, bedding, etc). Also, please be aware that unfamiliar environments may cause anxious behaviors, such as chewing/destroying bedding and toys.
- ✎ **AHC WILL NOT BE RESPONSIBLE FOR UNWANTED PREGNANCIES.**  
It is recommended to have your pet spayed/neutered, prior to group playtimes. If your pet is in heat and/or not spayed/neutered, please notify a staff member.
- ✎ **AHC WILL NOT BE RESPONSIBLE FOR INJURIES SUSTAINED, DUE TO PLAY/FIGHT.**  
If an incident occurs, the dog(s) will be checked, and any injuries will be treated that same day. If further treatment is needed, after the date of incident, the pet must be seen at AHC. We will not be responsible for bills accrued by another clinic.

Client Initials: \_\_\_\_\_

<b>My First Stay...</b>
<p><b>Check-in Date:</b> _____</p> <p><b>Check-out Date:</b> _____ AM/PM</p>

<b>More About Your Pet...</b>
<p><input type="checkbox"/> <b>Medication?</b> <i>(If checked, complete instructions below)</i></p> <p><input type="checkbox"/> <b>Special Needs?</b> <i>(If checked, please explain below)</i></p> <p><b>Did you bring your pet's food?</b></p> <p>• <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• <i>(If yes, complete instructions below)</i></p>

<b>Extras!</b> <small>(Prices: per day/ service)</small>
<p><input type="checkbox"/> Playtime (\$6)</p> <p><input type="checkbox"/> Pooltime (\$6)</p> <p><input type="checkbox"/> Combo (\$9)</p> <p><input type="checkbox"/> Komfy K9 (\$10)</p> <p><input type="checkbox"/> Spa Package (\$25) <i>(Bubble bath, Treat &amp; Toy)</i></p> <p><input type="checkbox"/> Groom Services</p> <p><input type="checkbox"/> Bath Services <i>(You will receive a FREE bath, after 7 nights)</i></p> <p><input type="checkbox"/> Rehab Services</p>

**Medication Instructions (If different from bottle)**

(Please note that there is a fee for administering medication. \$5 general meds, \$25 Insulin)

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**Feeding Instructions (If applicable):**

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**I authorize** Animal Health Clinic, to provide any treatment, test, or service deemed necessary; should any illness, abnormal condition/disease, or incident be discovered while my pet is boarding. Please provide any information, regarding special needs, or existing conditions:

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**I decline treatment**, of my pet, for any medical conditions, discovered while boarding.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_