

# SPRINGFIELD ANIMAL HOSPITAL BOARDING SHEET

OWNER'S NAME: \_\_\_\_\_ PICK UP DATE: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

**PLEASE LEAVE AN EMERGENCY NUMBER WHERE YOU CAN BE REACHED DURING YOUR PET'S STAY.**

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**COURTESY:** THE DAY OF DROP OFF IS CHARGED AS A FULL DAY OF BOARDING. IF YOUR PET IS PICKED UP **BEFORE 11:00 A.M.** THE DAY OF PICK UP, YOU WILL NOT BE CHARGED FOR BOARDING THAT DAY.

**FLEAS:** FOR YOUR PET'S PROTECTION, AS WELL AS THE PROTECTION OF OUR OTHER BOARDING GUESTS, WE REQUIRE ALL ANIMALS TO BE ON A FLEA PREVENTATIVE. IF ONE IS NOT USED, WE WILL APPLY A DOSE FOR A SINGLE DOSE CHARGE.

**PRODUCT APPLIED:** \_\_\_\_\_ **DATE APPLIED:** \_\_\_\_\_

**VACCINES:** FOR THE SAFETY OF YOUR PET, OUR OTHER BOARDING GUESTS, AND OUR KENNEL STAFF, WE REQUIRE THAT ALL PETS ARE CURRENT ON VACCINES. IF YOUR PET'S MEDICAL RECORDS ARE NOT KEPT HERE OR VACCINES WERE GIVEN ELSEWHERE, PROOF OF VACCINATIONS WILL BE REQUIRED UPON ADMISSION. A **PHYSICAL EXAM (\$71.00) WILL BE PERFORMED WHEN WE ADMINISTER VACCINES.**

**DOGS:**           **RABIES, DISTEMPER/HEPATITIS/PARAINFLUENZA/PARVOVIRUS, BORDETELLA, HEARTWORM TEST, FECAL TEST, AND FLEA PREVENTATIVE**

**CATS:**           **RABIES, FVRCP, FECAL TEST, LEUKEMIA/FIV TEST, FLEA PREVENTATIVE**

**DOCTOR'S CARE:** I GIVE SPRINGFIELD ANIMAL HOSPITAL PERMISSION TO PERFORM NECESSARY TREATMENTS IF ANY ABNORMALITIES OR DISEASE ARE NOTED DURING THE PHYSICAL EXAM OR DURING MY PET'S STAY AT THE HOSPITAL. I UNDERSTAND THAT 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 FOR THE COST OF MEDICAL TREATMENT. I UNDERSTAND THAT PAYMENT IS DUE AT THE TIME OF PICK UP.

**IN HOSPITAL MEDICATION FEE:** THERE WILL BE A \$6.00 PER DAY MEDICATION FEE CHARGED WHEN YOUR PET IS TO BE GIVEN MEDICATIONS DURING HIS/HER STAY. A \$12.00 PER DAY MEDICATION FEE WILL BE CHARGED WHEN THE MEDICATION BEING GIVEN IS INSULIN.

**PERSONAL BELONGINGS:** EACH PET IS PROVIDED A BLANKET/TOWEL DURING THEIR STAY. IF YOU WOULD LIKE TO LEAVE A FAVORITE TOY OR PERSONAL BELONGING, PLEASE UNDERSTAND THAT WE ARE NOT RESPONSIBLE IN THE EVENT THAT ONE GETS MISPLACED OR DESTROYED.

**PLEASE NOTE:** STATE LAW REQUIRES THAT WE INFORM YOU THAT THIS FACILITY DOES NOT PROVIDE 24-HOUR CONTINUOUS CARE BY A TRAINED, LICENSED PERSONNEL. IN SOME INSTANCES, YOU AND YOUR PET MAY BE REFERRED TO AN EMERGENCY CLINIC FOR CONTINUED CARE.

\_\_\_\_\_  
OWNER'S SIGNATURE AND DATE

\_\_\_\_\_  
RECEPTIONIST