

Boarding Consent Form

Pet name: _____ Owner name: _____

Check in: _____ Suggested check out: _____

Feed: _____ Weight _____

Instructions: _____

Medications: _____

Belongings: _____

Boarding fees start on the day the animal is admitted and are charged by the number of nights boarded. If pets are picked up before 2 o'clock pm, you are not charged for that night. If picked up after 2 o'clock pm, you will be charged for that night.

Boarding Prices

Feline & Exotic- \$18.70
Canine (1-20#)- \$21.00
Canine (21-40)- \$23.40
Canine (41-60)- \$26.00
Canine (61-90)- \$28.50
Canine (91- +)- \$30.50
Non-Neutered- \$31.50

Boarding Bath (optional)

(0-40#)- \$28.00 (40# and over) \$30.00

Accept bath___Decline bath___

Toenail Trim \$18.30

Accept trim___Decline Trim___

All pets must be current on required vaccines or they will be treated upon admission at the owners expense. Current: _____ *Needs: _____

Canines- DHPP-CV, RABIES, BORDETELLA, FECAL, HEARTWORM TEST

Felines- FVRCP, RABIES, FECAL, CALICI VS

*If the patient needs vaccines, an exam is required.

All pets will be monitored for fleas, ticks and intestinal parasites. If found, these will be treated at the owners expense.

Pets will not be supervised through the night.

Reasonable precaution will be used against injury, escape, or death of this pet.

I will not hold Fleur Pet Hospital or staff liable for problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved. I will not hold employees responsible for lost or damaged toys, blankets, or other personal items brought in with my pet.

Signature of Pet Owner or Responsible Party 18 yrs or older

Today's Date

Emergency Contact:

Name: _____ Phone: _____

*If anyone other than the client will be picking up your pet, please list them below:

*Must prepay bill or have them pay when picking up.