

North Austin Animal Hospital Boarding Check in Form:

Owner:

Date:

Address:

Home Phone:

City, State, Zip:

Work/Cell Phone:

NAME AND NUMBER OF AN ALTERNATIVE CONTACT:

NAME AND NUMBER WHERE YOU CAN BE CONTACTED IN CASE OF AN EMERGENCY:

DATE TO BE PICKED UP: _____ TIME ____ : ____ AM/PM

Pet's name(s):

Breed:

Sex:

Age:

Color:

Amount of food to be fed: _____ How often: _____

All boarding fees are charged PER NIGHT. Payment is due at pick up.

Canine: \$31 Feline: \$29 Medical Boarding: \$42 Exotic: \$23-34

Additional Services and fees:

<p>Exams:</p> <p><input type="checkbox"/> Pediatric Exam \$62 <input type="checkbox"/> Adult Exam \$64</p> <p><input type="checkbox"/> Senior Exam \$66 <input type="checkbox"/> Sick/Injured Exam \$73</p> <p>Vaccinations:</p> <p>Canine:</p> <p><input type="checkbox"/> Rabies \$24</p> <p><input type="checkbox"/> Distemper \$39</p> <p><input type="checkbox"/> Bordetella \$43</p> <p><input type="checkbox"/> Heartworm testing \$49</p> <p><input type="checkbox"/> Fecal \$46</p> <p><input type="checkbox"/> Lepto \$31</p> <p><input type="checkbox"/> Canine Bivalent Influenza \$38</p>	<p>Extra Services:</p> <p><input type="checkbox"/> Bath \$46</p> <p>(includes anal gland expression, nail trim and ear clean)</p> <p><input type="checkbox"/> Microchip \$62</p> <p><input type="checkbox"/> Trim nails \$15.80 + tax</p>
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All pets are required to be up to date on their Rabies and distemper vaccinations and dogs require a Bordetella (or Kennel Cough vaccine) and canine influenza vaccines as well. If your pet has never received the canine influenza there is a required booster 3-4 weeks after the initial vaccine.

We operate a flea and tick free facility, and in order to maintain this standard, flea treatments are required for boarding/drop-offs. For all canines, a \$18.14 charge will be assessed for Vectra 3D administration. For felines Capstar will be administered for \$7.91 charge.

I authorize North Austin Animal Hospital to perform any procedures necessary for treating and maintaining my pet's health and well being, while boarding here. I understand that the staff will stabilize my pet in an emergency and then try to reach me or my emergency contact as soon as possible for further treatment. While I expect all procedures to be performed to the best of the staff's abilities, I realize the hospital makes no guarantee or warranty regarding the results. I understand there is a risk to many procedures, including anesthesia. If my pet should injure itself, escape, fail to eat, become ill or die, I do not hold North Austin Animal Hospital and its employees responsible. Payment is required at the time of pets are released from our care. Pets are released only during regular hospital hours.

SIGNATURE: _____

DATE: _____

Items brought with pet(s):

- Blanket/Toys: _____
- Carrier: _____
- Leash/Collar: _____
- Food: _____
- Other: _____

Medications:

Medication to be given while boarding: _____ Time: ___: ___ AM/PM
_____ Time: ___: ___ AM/PM
_____ Time: ___: ___ AM/PM

When is the next dose of medication due? _____

Has medication been given today? _____

Are there any chronic medical conditions/symptoms that do not require treatment from our veterinarian at this time?

Technician checking in medical patient: _____