

# North Mecklenburg Animal Hospital

## Boarding Contract for

Check In:

### Alert (if any):

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<b>Patient ID#:</b>	<b>SCB:</b> _____	<b>DHS:</b> _____	<b>Flea:</b> _____	<b>PBW:</b> _____
Name: _____	Name: _____			
Breed: _____	Address: _____			
Coloration: _____	Phone: _____			
Date of Birth: _____ )	Email: _____			
Gender: _____				

### Reminders with Due Dates:

Heartworm Preventative: \_\_\_\_\_ Date due: \_\_\_\_\_ Flea & Tick : \_\_\_\_\_ Date due: \_\_\_\_\_

Boarding from \_\_\_\_\_ Boarding until \_\_\_\_\_

### Feeding instructions:

Food name: \_\_\_\_\_ Food amount: \_\_\_\_\_ Feeding frequency: \_\_\_\_\_ times per day

### Medications:

Medication name: \_\_\_\_\_ Strength: \_\_\_\_\_ Amount given: \_\_\_\_\_ Circle time meds given: am midday pm

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Other Medications: \_\_\_\_\_

### MEDICAL CARE

Yes, I want \_\_\_\_\_ to be examined by a doctor at \$47.85

What concerns do you have about \_\_\_\_\_ health? \_\_\_\_\_

No, I do not desire a doctors examination of Babe unless she becomes ill, in which case I do authorize examination & treatment.

### NAIL TRIM

YES. I want \_\_\_\_\_ to have her nails trimmed @ \$14.25

NO. I do not want \_\_\_\_\_ nails trimmed

### BATH

YES. I want my pet bathed at an additional cost .

NO. I do not want my pet bathed.

Additional Procedures while boarding: \_\_\_\_\_

Belongings left with pet: \_\_\_\_\_

➤ In the event of an emergency in which I cannot be reached, I authorize North Mecklenburg Animal Hospital to treat \_\_\_\_\_ however deemed necessary for her health and well-being, and agree to pay for any and all expenses relating to same.

➤ I understand that NMAH must have proof that all required vaccinations are current and that past due vaccinations will be updated. **DOGS(DHLP-P/C-Rabies-Bordetella-Fecal Float)** I agree to pay for updated vaccinations.

➤ I understand that if \_\_\_\_\_ is on medication there is a charge of \$2.63 each time treatments/medications are administered..

➤ I understand that if fleas, flea dirt, or ticks are seen on \_\_\_\_\_ upon check-in, she will be bathed and treated and my account will be charged accordingly.

➤ I understand that I am solely responsible for any damages that \_\_\_\_\_ may cause through malicious or improper conduct.

➤ I understand that North Mecklenburg Animal Hospital is not responsible for any personal belongings left with \_\_\_\_\_. Some items are easily soiled or may be inadvertently misplaced while our staff is cleaning your pet's accommodations. Blankets and beds will be laundered as needed. Please understand if your pet's belongings are in the laundry at the time of departure. Please clearly mark all personal belongings with an indelible pen.

➤ In order to give \_\_\_\_\_ exercise and to reduce anxiety about her stay here, we offer outdoor walks twice daily, free of charge. We need your permission to do so, understanding that, despite reasonable precautions, certain dogs could potentially escape. Please check the applicable statement:

- YES, please walk \_\_\_\_\_. I (owner or agent) accept responsibility should she escape.
- NO, please do not walk \_\_\_\_\_.

> Pets being boarded for 10 days or longer will be given a mandatory bath for hygiene at the owner's expense.

➤ I understand that I must furnish North Mecklenburg Animal Hospital with a phone number to reach me in case of emergency, or with the name and phone number of an alternate contact person if I cannot be reached.

Emergency Phone Number: Name \_\_\_\_\_ Number \_\_\_\_\_

Alternate Contact Person: Name \_\_\_\_\_ Number \_\_\_\_\_

➤ I have read and understood this agreement.

\_\_\_\_\_  
Signature of Owner/Agent Date \_\_\_\_\_

**Note:**

Upon discharge, I authorize \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

to pickup & pay the invoice for \_\_\_\_\_.