Owner:			Arrival Date:			
Pet's Name			Departure Date:			
□ DOG	□ CAT					
OFFIC	E USE ONLY: TREATMENT BOARDER					
HEALTH INFORMATION						
We are a full service veterinary hospital that also provides boarding services for our client's pets. As such, we provide the same high standards of medical care for our boarding pets that we do for our hospital patients. Please be aware that some animals do experience stress-related illness, and boarding may cause their chronic conditions to worsen during their stay. Please be advised that any observed untreated, or worsening pre-existing or chronic health conditions that are causing discomfort, will be treated by our veterinarians at our standard rate.  CLIENT INITIALS:						
EXAM AND VACCINE INFORMATION						
Our records indicate that the following required exam and/or vaccines are due:						
□ Plea	□ Bordetella – Annual □ Medication Administration □ Lepto (dogs) \$22.50 □ FeLV (cate Lepto and FeLV are NOT required for *We require an exam be performed by one OFFICE USE ONLY – Clieb	.\$15.50 .\$22.50 See Below ats) \$22.50 for boarding	□ FVRCP: 1- 3 years			
THE CHARGE FOR ADMINISTERING MEDICATIONS IS: Once a day \$3.50; Twice a day \$5.50; Three times a day or more \$7.50 per day THE CHARGE FOR ADMINISTERING OWNER SUPPLIED SUBCUTANEOUS FLUIDS IS \$10.00 PER DAY We are happy to dispense a new bag of fluids to use while your pet is here if needed.  All medications must be in clearly labeled containers with the pet's name, medication name, and dosing instructions. We cannot give medication that has been pre-mixed in food as there is no way to ensure proper administration or ingestion.  MEDICAL CONDITIONS:						
Medica	tion:	Directions: _	Next Dose Due:			
Medication:		Directions:	Next Dose Due:			

## **FEEDING INSTRUCTIONS**

We feed Pro Plan Adult Chicken and Rice or Purina EN to all boarding pets twice daily. If your pet requires a special diet or if you prefer to keep them on their regular diet, you are required to provide

that diet. We are unable to feed a raw meat diet. All prescription diets we carry may be purchased for use while your pet is here. Please feed my pet one of these diets while they are here 

OWNER INITIALS OWN DIET PROVIDED ☐ Name of Diet Dietary Concerns (food allergy, etc.) \_\_\_\_\_ Feeding Instructions: If you do not provide specific feeding instructions, we will feed twice daily based on your pet's species and weight Times per day \_\_\_\_\_ Amount \_\_\_\_ Special Instructions \_\_\_\_ **BEHAVIORAL INFORMATION** ☐ Fearful or nervous ☐ Aggressive with people ☐ Other: □ Poor appetite ☐ Aggressive with dogs **FLEA AND TICK CONTROL** Do you routinely use flea and tick control on your pet? YES NO If yes, what product? \_ When was the last dose administered or applied? BELONGINGS We provide fresh bedding for your pet daily. Personal belongings may be left with your pet however we are not responsible for loss or damage. We recommend labeling your pet's belongings with his or her name and your last name. We recommend only bringing beds that are fully machine washable. Please list any belongings you will be leaving (please describe in detail): **ADDITIONAL SERVICES** □ \*TLC - Dog ...... \$8.00 □ Bath - Short haired dogs only. □ Nail Trim - Dog ......\$13.00 □ Nail Trim - Cat ...... \$8.00 Please check with the front office ☐ With other dogs for pricing and availability. ☐ Anal Glands ...... \$33.00 ☐ Without other dogs Your pet will be ready after □ \*TLC - Cat ...... \$5.00 ☐ Microchip\*\*..... \$65.00 6:00pm Monday—Friday \*\* Includes Registration **TLC Amount:** \* □ Once daily □ Every Other Day □ Specific Dates We are able to provide TLC services a maximum of once a day on selected days. TLC is a session of play time and special attention with your pet(s), for a duration of at least 15 minutes. The fee listed above is per session. \*TLC is REQUIRED a minimum of every other day at the owner's expense for: Puppies less than 12 months of age, AND any pet boarding longer than 2 weeks.

























# Companion Animal Hospital Monday-Friday 7AM-9PM ■ Saturday 8AM-6PM ■ Sunday 10AM-4PM WWW.COMPANIONBELLEVUE.COM

## MEDICAL CONSENT AGREEMENT & BOARDING CONTRACT

## **POLICIES AND GENERAL INFORMATION**

Please pick up your pet(s) no later than <u>30 minutes prior to closing.</u>
We are closed on all major holidays, and close early on Thanksgiving Eve and Christmas Eve.
Please ask a Front Office Associate or visit our website for more details.

TLC is <u>required</u> every other day at the owner's expense for:

- Puppies less than 12 months of age, AND
- Any pet boarding longer than 2 weeks.



Fees for medication administration will apply for ALL medications and supplements Subcutaneous fluids administration is \$10.00 per day

Personal belongings may be left with your pet. All reasonable care will be taken to ensure your belongings are returned to you however we are not responsible for loss or damage DUE TO SAFETY REASONS, UNDER NO CIRCUMSTANCES WILL PETS BE RELEASED AFTER HOURS

## CONSENT

I understand and agree to the Companion Animal Hospital exam and vaccination requirements for boarding, and understand if proof of vaccination cannot be provided, my pet(s) will be examined and/or vaccinated in order to meet the boarding facility standards.

For the protection of all pets under the hospital's care, external and internal parasites, including fleas, will be treated at a reasonable fee.

I acknowledge that Companion Animal Hospital will take all reasonable care for any belongings left with my pet(s), and is not responsible for loss or damage of said items.

Being away from home can be stressful and, as stated on the previous page, pets may be prone to worsening chronic conditions, or symptoms such as diarrhea, vomiting, constipation, anorexia, etc. If your pet experiences symptoms from stress while boarding, we will provide treatment as deemed necessary by the medical staff. Since these symptoms are typically mild and easily treatable, you will be notified upon discharge of your pet.

In the event more extensive treatment is necessary, we will make every attempt to reach you at the contact numbers you have provided.

I authorize Companion Animal Hospital to treat my pet(s) for any illness or injury that may arise while boarding. I give my consent to all hospital care and associated costs deemed necessary by the veterinarian and accept full financial responsibility upon pick-up.

Name of individual picking up pet(s), <i>if other than the owner</i> : _			
Emergency contact:	Phone:		
Your name (please print):	Phone:		
Owner/Agent Signature:		Date:	

TO ENSURE THE SAFETY OF YOUR PET, WE CAN ONLY RELEASE PETS TO THE OWNER OR TO THE INDIVIDUAL NAMED ABOVE