



Boarding Admission

1st Date of Boarding: _____ Date of Pick up: _____

Pet's Name: _____ Owner's Name: _____

Extra Walks (fee of \$7.50ea/day) # _____ Personal Items: _____

Feeding Instructions

Type of food: _____ Dispense more if needed: Yes / No

Give _____

Give _____

List All Medication, Vitamins and Supplements with Dosing Instructions

I understand there is a fee per day administration of medications, vitamins and supplements while boarding: _____
Initial

1. Name: _____

Instructions: _____

2. Name: _____

Instructions: _____

3. Name: _____

Instructions: _____

I request, and authorize, the following services while my pet is boarding: _____
Initial

- | | | |
|---|--|---|
| <input type="checkbox"/> Bath (Includes Nail Trim & Ear Cleaning) | <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Pick-up AFTER 4pm M-F & 12pm on Sat. |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Early pick-up before 10 am |

***All boarders receive a complimentary exam by a technician upon arrival.**

Other boarding policies:

___ I understand that if I leave any personal items (blanket, toy, leash, etc.) there is no guarantee on them being in the same condition as when I brought them in, there is a possibility of items not in returnable condition and I do not hold Christensen Animal Hospital responsible for lost items.

___ I authorize a bath in cases deemed necessary by the staff to keep my boarded animal safe and sanitary until my arrival. I accept all charges incurred.

___ I am allowing comfort items in my pet's kennel as I know of no potential for ingestion non-edible items. I also know ingestion of non-edible items could lead to surgical intervention for which I will be financially responsible.

**** I have read and agree to the terms and conditions that are contained in this document**

Signature

Date

Please supply a phone number to reach you during your pet's stay: _____