

BOARDING PASS

**** Please fill out completely ****

Admitting Date: _____ Discharge Date: _____

Date Vaccines Due- Rabies: _____ DA2P/FVRPC: _____ Bord (dogs): _____

Does your pet need a doctor exam while boarding? _____ List concerns: _____

Describe all belongings in detail: _____

Emergency Phone Number: _____

Medical representative name and number (if owner is unavailable): _____

Date of last flea prevention: _____ We will administer flea prevention if it is past a month.
(There will be a charge for this.)

Cats only: Have you noticed any sneezing in the last 2 months? _____

Please read and initial each line:

_____ While your pet is boarding at Tavares Animal Hospital, we will always care for any medical needs that arise. We will not call you concerning minor treatments (ex. internal or external parasites, ear infections) and will keep the charges for these treatments to a minimum.

_____ If an actual emergency or more complicated medical concern arises, we need to be able to contact you or your representative to discuss medical decisions, treatments and charges. If we are unable to reach anyone, we will proceed with treatment as needed while continuing attempts are made to reach you.

_____ Administering medications is \$2.00 per day for 1-3 meds. Additional meds will be an additional charge.

_____ **Dogs only: Monday pick-up is after 2:00 PM**

_____ Dogs only: A bath is required on all K9 boarders staying 2 nights or more. Prices vary depending on weight of animal.

_____ Diabetic patients only: Your pet may need monitoring and special care while boarding. Daily blood glucose checks and insulin monitoring can cost an additional \$15.00 - \$20.00 per day. Once again, we never do anything unless we feel it is absolutely necessary for the health and well-being of your pet and we will do the least number of tests possible.

_____ ***** WE ARE UNABLE TO WASH BEDS. PLEASE UNDERSTAND, IF YOUR PET'S BED IS SOILED WHILE BOARDING, IT WILL NOT BE CLEANED.*****

I have read the above and understand that I will be responsible for any cost incurred in treatment during the boarding of my animal.

Owner's Signature: _____ **Date:** _____

Check-In Technician Initials _____