

BLOOMINGTON VETERINARY HOSPITAL

BOARDING AGREEMENT

Check In Date:	Check Out Date:	Client ID #:
Admitting Receptionist:		Admitting Kennel Attendant:
Placement: <input type="checkbox"/> General Population <input type="checkbox"/> C-Ward <input type="checkbox"/> S-Ward	Preferred Dr:	Walk Outside: Yes No

Client Name:	Primary Phone #:	Secondary Phone #:
Address:		
Email:		
Alternate Contact:	Primary Phone #:	Secondary Phone #:

Patient Name:	Breed:	Age:
Sex:	Color:	Weight:

Preventatives	
Flea Product (Required):	Last Administered:
Heartworm Product:	Last Administered:

Vaccinations			
Canine		Feline	
Name	Valid Until	Name	Valid Until
Rabies		Rabies	
Da2pp		DCR	
Bordetella		FeLV (not required)	

Needed Services			
Appointment: Yes No	Date:	Dr:	Reason:
Bath: Yes No	Type:	Date:	Nail Trim: Yes No Date:
Other:			

Everything below to be filled out by the client

Concerns

Belongings	
Carrier: Yes No	Description:
Description:	
Description:	
Description:	
Description:	

Food: <input type="checkbox"/> Owner Provided <input type="checkbox"/> Clinic Maintenance <input type="checkbox"/> Clinic Special Diet (Charged to Owner)					
Food 1:		Food 2:		Food 3:	
Wet/Dry:		Wet/Dry:		Wet/Dry:	
Amount:		Amount:		Amount:	
Frequency:		Frequency:		Frequency:	
Total Provided:		Total Provided:		Total Provided:	
Total Charged:		Total Charged:		Total Charged:	

Medication: <input type="checkbox"/> Owner Provided <input type="checkbox"/> Clinic Provided (Charged to Owner)											
Medication 1:				Medication 2:				Medication 3:			
Route:	Oral	Topical	Injectable	Route:	Oral	Topical	Injectable	Route:	Oral	Topical	Injectable
Amount:				Amount:				Amount:			
Frequency:				Frequency:				Frequency:			
Notes:				Notes:				Notes:			
Total Provided:				Total Provided:				Total Provided:			
Total Charged:				Total Charged:				Total Charged:			
Medication 4:				Medication 5:				Medication 6:			
Route:	Oral	Topical	Injectable	Route:	Oral	Topical	Injectable	Route:	Oral	Topical	Injectable
Amount:				Amount:				Amount:			
Frequency:				Frequency:				Frequency:			
Notes:				Notes:				Notes:			
Total Provided:				Total Provided:				Total Provided:			
Total Charged:				Total Charged:				Total Charged:			

Please initial that you have read and understand the following:

	Boarding fees are assessed at half-day intervals with the break occurring at 12:00 noon. If you pick up between 7:30-8:00am there will be no charge for that day. If you pick up between 8:00am-12:00pm you will be charged for a half-day. Any animal picked up after 12:00pm will be charged for a full day.
	Pick up and drop off times must be done during business hours only (7:30am-6:30pm M-F, 7:30am-12:00pm Sat)
	All pets must be up to date on flea prevention. All pets will be screened for fleas upon admission and treated if needed. Fees will be assessed at our normal rates and are due at the time of pickup.
	If your pet requires a special diet, you must provide the food or it will be provided for you at our normal rates.
	If your pet requires medication, you must provide the medication or it will be provided for you at our normal rates.
	Your pet's boarding rate will be determined based on the criteria listed below and is solely dependent on your pet's needs.
Level 1 Basic	Owner provided food, includes 3 walks and 2 feedings per day. Charged by weight.
Level 2 Basic	Clinic maintenance food, includes 3 walks and 2 feedings per day. Charged by weight.
Level 1 Medical	Includes basic care plus administration of oral or topical medications by kennel staff.
Level 2 Medical	Includes basic care plus administration of injectable medications by technical staff, as well as medications that need to be administered outside of normal kennel hours. A \$25 fee will be assessed per administration on weekends and holidays.

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I certify that all of the medical and dietary information listed above is correct. I further acknowledge that, unless otherwise stated, if any medical problems occur with my animal while I am away, I request that medical/surgical care be provided as is deemed necessary. I understand that I will assume financial responsibility for such care.

Signature:	Date:
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