

The Pet Resort At AAC Boarding Admission Form

The Pet Resort at Ashton Animal Clinic (AAC) provides the highest quality boarding services available. Your pet's comfort, physical, and mental well-being are our priorities. All animals boarding with us are subject to the following:

1. All vaccines must be up-to-date within a year and administered by a veterinarian. If the vaccines are not current, we will examine and give all the required vaccinations, including a heart worm and fecal check. (Exam fee is \$55.00) Bordetella vaccine is required every six months for both dogs and cats. Your bill will be charged accordingly. Our policy for puppy and kitten vaccinations is as follows: 8 weeks, 10 weeks, 13 weeks and 16 weeks. If these vaccines are due during boarding, we will examine and vaccinate your pet at your expense. (Exam fee is \$55.00) *Initial* _____ Feline Bordetella \$22.00 Mandatory
2. All pets are required to be on a flea and tick prevention while boarding. The Pet Resort utilizes Trifexis Nexgard, Feline Advantage Multi. If your pet is not currently on these products, a one (1) month application will be applied on admission for an additional charge of \$35.00 *Initial* _____
3. If your pet is not picked up by the predetermined date, and we do not receive a phone call by **8:00 AM** on the morning of, your pet will be bathed (and then re-bathed) at the owner's expense on the new discharge date. All animals will be bathed before going home at a courtesy price (see below rate chart). This is a cleaning bath, not a grooming bath. *Initial* _____
4. We feed premium quality dry dog/cat food. If your animal refused his/her diet or has a medical problem while boarding, your pet will be **Examined and Treated** at the owner's expense. If a special diet is required in place of owner's diet, there will be an additional charge. *Initial* _____
5. Administration of the first medication is \$5.00 per day. Each additional medication is \$2.00 per day. All boarding medications must be in **original Rx Bottle with Label**. Number of medication(s) with pet _____ *Initial* _____
6. Supplies and/or medications provided by the owners and given to the animals may get lost or damaged during the visit and may not be returned. Any necessary replacements (i.e. medications) are at the owner's expense. *Initial* _____
7. To prevent and safeguard against animal abandonment where an animal has not been claimed and AAC has not been notified of any change in the boarding agreement for a 10 day period, I agree that if I do not notify AAC or do not claim the above named animal within 10 days of the agreed pickup date of _____ that I am abandoning the above said animal. I further agree to relinquish all rights, claim, title and interest in the above mentioned pet to L.A. Walmsley, DVM and The Pet Resort of AAC, and I agree to be fully responsible for all services rendered to the above mentioned pet. *Initial* _____
8. Canine Influenza Vaccine (Series of 2 - \$47.00 each). **Accept** _____ **Decline** _____

- **INTACT FEMALE / MALE YES / NO LAST HEAT DATE** _____
- **NAIL TRIM YES / NO \$20.00 > 50 LBS \$25.00**
- **PLAYTIME - \$5.00/SESSION #** _____

Weight In #	Boarding/Night	Bath Fee
Cat condo	\$28.00 per cat	\$30.00
0-10	\$25.00	\$30.00
11-25	\$30.00	\$35.00
26-40	\$35.00	\$38.00
41-60	\$38.00	\$40.00
61-80	\$40.00	\$42.00
81-100	\$45.00	\$47.00
100+	\$47.00	\$50.00

HOSPITALIZATION

YES/NO

/ PER NIGHT

My animal is not a candidate for boarding due to chronic medical conditions, seizure disorder, metabolic disorder (ie, diabetes, heart condition), blind/deaf/unable to stand unassisted or cancer. Per night charge depending on weight.

Luxury Suites	Per Night (1 st Dog) (Bath Additional)
A	\$55.00
B	\$55.00
C	\$75.00

I am boarding _____ for _____ nights

I have read the above and agree with the hospital policy, including any additional charges that may be incurred during the stay. I hereby authorize any emergency treatment and/or administration of medicine deemed necessary by the attending veterinarian. I understand this includes treatment for vomiting, diarrhea, ear infection, etc., as well as **emergency illness**.

Signature _____ Phone number while away _____

Emergency pickup person: _____, Phone #: _____ Wt. Admit _____ Team Member _____

International Travel Y / N If yes, contact information _____

