

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:

- 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. 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. *Initial* _____ Feline Bordetella Mandatory
- 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* _____
- 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* _____
- 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* _____
- Administration of the first medication is \$10.00 per dose. Each additional medication is \$3.00 per dose. All boarding medications must be in **original Rx Bottle with Label**. Number of medication(s) with pet _____ *Initial* _____
- 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* _____
- 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* _____
- Canine Influenza Vaccine. Accept _____ Decline _____

- INTACT FEMALE/ MALE YES/ NO LAST HEAT DATE _____
- NAIL TRIM YES NO \$20.00 > 50 LBS \$25.00
- PLAYTIME - \$5.00/SESSION # _____
- 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	\$70.00
B	\$70.00
C	\$95.00

Weight In#	Boarding/Night	Bath Fee
Cat Condo	\$28.00 per cat	\$30.00
0-10	\$35.00	\$35.00
11-25	\$40.00	\$40.00
26-40	\$45.00	\$45.00
41-60	\$48.00	\$52.00
61-80	\$50.00	\$56.00
81-100	\$60.00	\$60.00
100+	\$65.00	\$70.00

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 Yes No If yes, contact information: _____

Breed: _____

Color: _____

Client's Name				Pet's Name				Check-In Date:			
				Loc:				Check-Out Date:			
Diet:								Weight In:			
								Meds <input type="checkbox"/>			
								Weight Out:			
Owner's Food <input type="checkbox"/>											
Dates	Walk AM	Walk NOON	Walk PM	Food AM	Meds AM	Urine AM	BM AM	Food PM	Meds PM	Urine PM	BM PM
Play Session: _____ Total Report Wt. Loss: Large Dog 3lb. / Small Dog 3oz. - 6.0z. Food Code: 1/4, 1/2, A=All, S=Some, L=Little Urine Code: N=Normal, A=Abnormal BM Code: N=Normal, S=Soft, W=Worms, D=Diarrhea											

<h1>Travel Sheet</h1>
Owners Meds Date
Dispense Meds Date
Week of _____ S M T W T F S Week of _____ S M T W T F S Week of _____ S M T W T F S