

BOARDING INFORMATION & AUTHORIZATION FORM



Owner's Name: _____

Pet's Name(s): _____

Boarding Dates: _____ to _____

Emergency Number(s): _____

OPTIONAL ADD-ON BOARDING SERVICES

<p>Platinum Care – Your pet will receive the best Ingersoll Animal Hospital has to offer! Premium bedding, treats, a daily brush out, additional walks, and a report card about their stay with us. Our Platinum Care pets will also have daily individualized exercise time with our skilled veterinary assistants on our land treadmill. Exercise time is tailored to your pet's personal needs and abilities.</p> <p><input type="checkbox"/> Additional \$10/day</p>	<p>Gold Care – Gold care offers our four-legged friends many additional perks! They can look forward to premium bedding, treats, a daily brush out, additional walks, and report card about their stay with us.</p> <p><input type="checkbox"/> Additional \$6/day</p>	<p>Silver Care – Your pet will benefit greatly from the individualized exercise time provided with the Silver Care package. Our specially-trained veterinary assistants will work with your pet to create a specialized treadmill workout plan while in our care.</p> <p><input type="checkbox"/> Additional \$5/day</p>
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Treat-of-the-Day – Our talented kennel staff has created a delightful Treat-of-the-Day to reward our guests. Kong toys are lovingly laced with peanut butter, low-fat yogurt, or fat-free cream cheese, and then frozen to create a decadent distraction for your furry family member. Kongs are based on availability and can be purchased for each day of your pet's stay or on a day-by-day basis.

X _____ Days/Kongs Additional \$4/day

SPECIAL INSTRUCTIONS

Special diet to be fed while boarding? YES NO

If yes, what, how much, and how often? _____

Does your pet's special diet need **refrigerated**? _____

Medication to be administered while boarding? YES NO

If yes, what medication, dosage, and how often? _____

Bath or groom prior to going home? YES NO

(If yes, please complete bathing/grooming instruction form)

Please circle BATH/GROOMING pick up time: 2pm 3pm 4pm after 5pm

**BOARDING INFORMATION &
AUTHORIZATION FORM
(CONT.)**



Owner's Name: _____

Pet's Name(s): _____

Boarding Dates: _____ to _____

***PETS PRESENTED WITH FLEAS WILL BE TREATED AT THE OWNER'S EXPENSE.**

Vaccinations: I understand the hospital policy stating that all required vaccinations (Canines: Rabies, Distemper, Bordetella; Felines: Rabies, Distemper) must be up to date at the time of check-in as well as throughout the entirety of my pet's boarding stay with Ingersoll Animal Hospital. These vaccination requirements reduce the risk to both the hospital employees as well as the boarding pets. Should my pet be presented without the appropriate vaccinations, I understand that the hospital requires the vaccinations be updated and invoiced accordingly in order to maintain my pet's reservation.

Optional Add-On Services: Add-on boarding packages must be purchased for the entirety of each pet's stay and are not purchasable by the individual day. Pets who display symptoms of GI distress (diarrhea, vomiting, etc.) may be unable to continue use of the Treat-of-the-Day service as a precautionary measure. Any days in which the treat was not provided will not be charged.

Special Diet: If my pet requires a prescription food or specialized diet, I understand that it is my responsibility to provide such food during my pet's stay with Ingersoll Animal Hospital. If I am unable to provide the food for my pet's consumption, I understand that I will be charged accordingly for the hospital to supply it (or a similar diet). In the absence of a specialized diet, I understand that all boarded pets will receive a high-quality maintenance diet.

Medications Administered: I understand that there will be an additional charge for medicating my pet. This charge is based on the number of doses administered as well as the number of days dosages are required. It is my responsibility to provide any necessary medications during my pet's stay with Ingersoll Animal Hospital. If I am unable to provide necessary medication(s), I understand that I will be charged accordingly for the hospital to supply it.

Bathing/Grooming: I understand that bathing/grooming is limited and based on the availability of appointments. Ingersoll Animal Hospital will do its best to accommodate my bathing/grooming requests & instructions, but grooming/bathing is available on a first-come first-served basis.

Release of Liability: In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of Ingersoll Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are here being boarded at Ingersoll Animal Hospital. I further understand that in the event of an emergency or illness my pet will receive treatment at my cost, that there is no guarantee of successful treatment, and that the veterinarian will contact me as soon as possible. They are to use all reasonable precautions against illness, injury, or escape of my pet(s). They will not be held liable or responsible in any manner whatsoever, under any circumstances, for the care, treatment, or safe keeping of my pet(s); it is thoroughly understood that I assume all risks. Any additional charges for an illness or injury will be my responsibility. I understand that it is not recommended for me to leave any toys or bedding and if I choose to do so it is at my own risk. Ingersoll Animal Hospital accepts no responsibility for lost or damaged items.

Should the circumstance arise that my pet(s) remain unclaimed after the date which I stated as the pick-up date, I understand that written notice will be mailed to my address. Seven days after such written notice, the pet(s) will be considered abandoned and may be disposed of, or destroyed, as they deem best. It is further understood that such action will not relieve me from paying all costs of their service and use of their hospital, including the cost of boarding services.

Financial Obligation: Balances for boarding, vaccination, bathing/grooming, and any additional treatments or services are to be paid when pets check out. I understand that **I must pick up my pet before noon on the day of release to avoid being charged for an additional day of boarding** and agree to pay any amounts that are assessed by virtue of this account being sent to a collection agency.

I hereby certify that I have read and fully understand this authorization for boarding my pet at Ingersoll Animal Hospital. I assume financial responsibility for all charges incurred to the above pet and agree to pay all such charges at the completion of this visit. A copy of this form will be available to me upon my request.

Client Signature: _____ Date: _____