## BOARDING CONSENT

Client's Name:		()UAD CITIES
Client's Phone No:		
Pet's Name:		
Arrival Date and Time:		
Pick-Up Date and Time:		ANIMAL HOSPITAL
Dogs- Please initial to indicate we per day and fed twice daily.	which accommodation	ons you would like for your pet during his/her stay. All dogs will be walked 3 times
Suite- \$25 per o	dav, \$18 for each ad	ch additional guest, no more than 2 pets over 50 lbs per run, no pets under 10 lbs lditional guest; no more than 4 pets <25lbs, 3 pets 25-50lbs, 2 pets >50lbs litional guest, weight of pets cannot total more than 40 lbs
Cats- Please initial to indicate w litter box cleaned twice daily.	hich accommodatio	ons you would like for your pet during his/her stay. All cats will be fed and their
<ul><li>Kitty Condo- \$1</li><li>Suite- \$25 per 6</li></ul>	.4 per day, \$14 for a day, \$18 for each ad	n additional guest, 2 guest maximum Iditional guest
We will charge an additional ½	day of boarding for I	pets picked up between 11-2, and an additional 1 day for pets picked up 2-5pm.
Feeding Instructions: Own Food	l	or Purina EN (our hospital GI diet).
		ven during his/her stay? Additional \$2.50 per dosing
		se·list
		natural stress-reducing supplement) for an additional \$2.50/day. YES or NO
		ease list the medication and date of last administration.
		Nexgard for \$22-25. Cats will be treated with Advantage Multi for \$20-22.
Please list date of last vaccination	ons and the veterina	ry clinic that performed them.
If your pet is not up to date on it require proof of vaccination. Red	:s vaccinations, it wi quired Vaccines: Car	ill receive an annual exam and vaccines for an additional cost of \$81. We will nine- Rabies, Bordetella, DHPP; Feline- Rabies, Feline Leukemia, HCPCh
Does your pet need an exam, va additional services provided. All	ccines, bath, nail tring pets staying 5 or mo	m, extra walking, etc. during their stay? There will be additional charges for ore days will be given a complimentary bath and nail trim if requested.
perore starting treatment in the	event of an emerge	tal permission to treat your pet? <b>YES</b> or <b>NO</b> . We will attempt to contact you ncy. If you cannot be reached, please indicate the maximum financial amount  Please list an emergency contact in the event that you cannot be reached.
		Phone Number(s)
Signature of Owner or Agent		
and a series of Agent	Date	Signature of QCAH Employee (Witness)

Thank you for allowing us to care for your pet!