BOARDING CON	SENT OTTED CITTED
Client's Name: Kristy Cist	()UAD CITIES
Client's Phone No: 250 4(8.55)	ر درسی ر
Pet's Name: KCDa (Fightsh) Leia (Fie	nui)
Arrival Date and Time: 9-2518 - 4 40	(5)-1
Pick-Up Date and Time: 10-2-18 10.80	ANIMAL HOSPITAL
Dogs- Please initial to indicate which accommodations you would like for per day and fed twice daily.	your pet during his/her stay. All dogs will be walked 3 times
Freedom Run- \$28 per day, \$20 each additional guest, no suite- \$25 per day, \$18 for each additional guest; no monocomplete Cozy Run- \$20 per day, \$16 for additional guest, weight of the control of the	o more than 2 pets over 50 lbs per run, no pets under 10 lbs re than 4 pets <25lbs, 3 pets 25-50lbs, 2 pets >50lbs of pets cannot total more than 40 lbs
Cats- Please initial to indicate which accommodations you would like for litter box cleaned twice daily.	your pet during his/her stay. All cats will be fed and their
 Kitty Condo- \$14 per day, \$14 for an additional guest, 2 g Suite- \$25 per day, \$18 for each additional guest 	guest maximum
We will charge an additional ${\it \%}$ day of boarding for pets picked up between	en 11-2, and an additional 1 day for pets picked up 2-5pm.
Feeding Instructions: Own Food Exaged Colored	or Purina EN (our hospital GI diet).
Please list any belongings brought in with your pet.	my yellow Charton toral
Does your pet have any medications that will be given during his/her stay	./1
Please list any pre-existing medical conditions.	
Does your pet have any allergies?If yes, please list	
If your pet has anxiety, we can give them Zylkene (a natural stress-reducio	
Is your pet on flea or tick prevention? Please list the medication	on and date of last administration. $9 - 19 - 18$
If your pet has fleas/ticks, dogs will be treated with Nexgard for \$22-25. C	
Please list date of last vaccinations and the veterinary clinic that performe	ed them. Ku SSETVILLE Amurcal Clim
If your pet is not up to date on its vaccinations, it will receive an annual ex require proof of vaccination. Required Vaccines: Canine- Rabies, Bordetell	kam and vaccines for an additional cost of \$81. We will la, DHPP; Feline- Rabies, Feline Leukemia, HCPCh
Does your pet need an exam, vaccines, bath, nail trim, extra walking, etc. additional services provided. All pets staying 5 or more days will be given	during their stay? There will be additional charges for a complimentary bath and nail trim if requested.
n the event of an emergency, do you give our hospital permission to treat	t your net? VES or NO. We will attempt to contact you
before starting treatment in the event of an emergency. If you cannot be ϵ	reached, please indicate the maximum financial amount
ou give permission to spend for your pet Please list an em	nergency contact in the event that you cannot be reached.
Emergency Contact World JOSIN GIST Phone Number	0:-
12 Just 9-2818	BLT
ignature of Owner or Agent Date	Signature of OCAH Employee (Witness)