

# BOARDING AUTHORIZATION

Owner's Name:

Phone:

Animal's Name:

Sex:

Date of Birth:

Weight:

Color:

Breed:

My pet will be boarded from \_\_\_\_\_ to \_\_\_\_\_

## Feeding Directions:

Brand of food?
How much dry food per meal?
How much canned food per meal?
How often?
Can we give treats?
Any allergies?
Time of their last meal?

## Vaccine Policy:

We require current vaccinations & a negative fecal examination (within the past 12 months) for your pet to board with us. These requirements are for the protection of your pet as well as the other animals that may be in the hospital at the same time.

**If proof of vaccines is not available, the following procedures will be given at owner's expense, including a wellness examination\* fee of \$52.00.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Your pet is due for the following:</b> | <input type="checkbox"/> Your pet is up to date on all boarding requirements. |  |
| <input type="checkbox"/> Feline Rabies \$22.50 (w/out tag)         | <input type="checkbox"/> Canine Rabies \$21.00 (w/out tag)                    | <input type="checkbox"/> DHLPP \$31.50 |
| <input type="checkbox"/> FVRCP \$18.00                             | <input type="checkbox"/> Bordetella \$33.50                                   | <input type="checkbox"/> DHPP \$18.50  |
| <input type="checkbox"/> Fecal \$32.50                             | <input type="checkbox"/> Influenza (H3N2) \$25.50                             | <input type="checkbox"/> Lepto \$16.50 |

## Other Optional Services that we offer:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Canine Heartworm Wellness Bloodtest \$105 | <input type="checkbox"/> Comprehensive Exam* \$52   | <input type="checkbox"/> K9 Play Time Pack w/ Peanut Butter & Kong Toy \$8 |
| <input type="checkbox"/> Feline Wellness Bloodtest \$96            | <input type="checkbox"/> Anal Gland Expression \$34 | <input type="checkbox"/> K9 Play Time - Extra Outdoor Play Time \$5        |
| <input type="checkbox"/> Heartworm Test \$32.50                    | <input type="checkbox"/> Dog Nail Trim \$18         | <input type="checkbox"/> Kong & Peanut Butter \$3                          |
| <input type="checkbox"/> Cat Nail Trim \$14.50                     | <input type="checkbox"/> Cat Nip Toy - free         |  |

\* I give consent to the veterinarian to perform additional services or dispense medications as required due to physical exam findings. (i.e. ear swab, cleaning, wound care, injections, etc.) Additional costs may apply.

Check Box To Give Consent

**Medical History & Special Care:** We give conscientious, affectionate, and individualized care to pets left in our trust. If your pet has special needs please advise us. Please also list out any particular behaviors that we should be aware of (example: dislike of other animals, will chase birds, afraid of storms, etc.)

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Please list any medication(s) your pet requires, along with current directions and the time his/her last dose was

**Medication Name:** \_\_\_\_\_ **Directions:** \_\_\_\_\_ **Time of Last Dose:** \_\_\_\_\_

1.	
2.	
3.	
4.	
5.	

Boarding away from home can cause some pets to develop a condition known as stress colitis, which causes diarrhea. If your pet develops this condition, an intestinal antibiotic called Flagyl, can relieve the symptoms. We can start this medication at a veterinarian's direction. **You will pay for the medication and an additional charge of \$6/night for administration.**

I authorize DuPage Animal Hospital to administer Flagyl to my pet.

I do not want Flagyl administered to my pet.

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We are an intake facility for Villa Park, Elmhurst, and Wood Dale police departments. Because the police are allowed to drop off strays animals 24/7, we are not always here to check them for fleas. In order to provide the best care and protection for your pet, we would like your permission to apply Frontline, a topical flea & tick preventative, at an additional charge, if your dog is not current on a flea/tick preventative.

I authorize Frontline to be applied.

I authorize a different kind of preventative to be applied

I currently use Flea Preventative on my pet

Brand  When was it last applied?

I do not authorize Frontline to be applied. I understand and accept full responsibility if my pet does contract fleas.

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In the event that my pet becomes ill, I authorize the DuPage Animal Hospital to render medical care, which it deems as necessary. I request that every reasonable attempt be made to reach me or my agent at the phone numbers below, and I assume financial responsibility for all charges incurred.

Initial:

*Please list all available phone numbers for yourself or your emergency contact(s).  
You may leave an email address, if that is a better form of communication.  
Please call before picking up your pet. This way we can get them ready to go home.*

|           |                      |                 |
|-----------|----------------------|-----------------|
| Signature | <input type="text"/> | Primary Phone # |
|           |                      | Second Phone #  |

**Emergency Contact #1:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

~~~~~ **DuPage Animal Hospital Staff Only** ~~~~~

Pet's Possessions:

Kennel Tech