

BHCAH Boarding Agreement Form

Client #: _____ Client Name: _____
 _____ Phone#: _____
 Emergency Name: _____ Alt. Phone#: _____

Boarding/Reservation Dates From: ____/____/____ To: ____/____/____ Pick-up Time: _____

(1/2 Day Charge for Available Sunday Pick-up from 04:00 PM to 05:00 PM) *
Initial _____ *

Canines:	Together:	Felines:	Together:
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N

(Any Aggressive Animal WILL Have an Additional \$5.00 Charge Per Day)

Exotics:	Together:
	Y/N

Personal Items:	
	Reception:
	Kennel:

Vaccines Due or Current? (Circle one) What is Due: _____ w/\$29.16 Exam

***Initial** _____ *

(Our Policy Requires-Parvo and Bordetella Every 6 Months and Rabies Once a year-Must be Current)

VX's Due Within 90 Days: _____ OAgrees _____ O

Disagrees _____

***Before and/or While Attempting to Contact You, We Will begin Emergency TX Starting w/ Below Amt. ***

(*ER*) TX Amount: \$75 \$100 \$500 \$1000 Unlimited Dr.'s Discretion

Anxiety Treatment: Thunderstorms Fireworks Separation

***Initial** _____ *

Additional Treatment/Comments:

On any Flea Prevention? Y/N What Prevention? _____ Last Applied?

FLEA Control: To maintain a flea-free environment, all pets admitted to Block House Creek Animal Hospital will be given a Capstar tablet at a cost of up to \$7.52 to the owner.

Initial _____

Taken By: _____ Entered By: _____ Checked In By: _____

Any signs of:

Initial _____

Vomiting Diarrhea Coughing Sneezing Watery Eyes Limping N/A

How long for Each Symptom:

Medication/Vitamin Supplements & Strength:	How Many Times a Day?
	1 2 3 Has it Been Given? Y/N
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*(**\$1.48 - \$20.00**) Fee(s) Per Day Per Medication/Supplement Given to Your Pet During their Stay)*

*Medication and Vaccinations were verified and entered on to TX Board by
 _____*

Technician Name –

Signature

1) _____ Feed: 1 2 3 Free Feed times a day with Our/Own Dry
 Can Both

Total Amount per Feeding: ¼ ⅓ ½ ⅔ ¾ 1 _____ Cups/_____ Can

2) _____ Feed: 1 2 3 Free Feed times a day with Our/Own Dry
 Can Both

Total Amount per Feeding: ¼ ⅓ ½ ⅔ ¾ 1 _____ Cups/_____ Can

3) _____ Feed: 1 2 3 Free Feed times a day with Our/Own Dry
 Can Both
 Total Amount per Feeding: ¼ ⅓ ½ ⅔ ¾ 1 _____ Cups/_____ Can

(\$2.50 Fee Per Day Per Feeding of RX Diet Food Fed From Our Supply)

Bath w/Nail Trim & Express Anal Glands #75657	\$28.15	Yes / No
Bath Furm. w/Nail Trim & Express Anal Glands #5779	\$51.00	Yes/No
Groom w/Groomer	\$ Per Groomer	Yes / No
Express Anal Glands #29012	\$19.56	Yes / No
Nail Trim #40408	\$18.59	Yes / No
Teeth Brushed #1810	\$11.86	Yes / No

= * MERGEFORMAT

**** I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THE TERMS****

Client Signature:

Date: _____